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ABSTRACT

This guide for postsecondary child development instructors is intended for use in courses on nutrition, health, and safety in a child care setting. The materials are most effective when coordinated with carefully selected textbooks. Access to a quality care center for laboratory work is essential. An introduction describes the instructor's guide and separate student laboratory manual, offers suggestions for use of the materials, and summarizes guidelines on coordinating student laboratory work. Guidelines for evaluating students follow. The main body of the guide is organized into five units: (1) Principles of Nutrition, (2) Meals and Snacks, (3) Safety, (4) Health and Hygiene, and (5) Illness. Each unit contains a list of performance objectives, a list of references, suggested classroom learning experiences to provide teaching strategies to help students achieve the objectives, a unit test with multiple choice and essay questions, and transparency and handout masters. Other contents include a glossary, glossary tests, test answer keys, and a bibliography of all references noted in the units. Materials recommended for student use have notations on reading levels and evidence of sex bias. (YLB)

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Nutrition, Health, and Safety for Child Caregivers:

Instructor's Guide

Developed By:

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Table of Contents

Acknowledgements iii

Introduction 1

Guidelines for Evaluating Students 4

Unit I: Principles of Nutrition
  Performance Objectives 6
  References 7
  Suggested Classroom Experiences 9
  Unit Test 19
  Transparency and Handout Masters 25

Unit II: Meals and Snacks
  Performance Objectives 37
  References 38
  Suggested Classroom Experiences 41
  Unit Test 53
  Transparency and Handout Masters 58

Unit III: Safety
  Performance Objectives 73
  References 74
  Suggested Classroom Experiences 76
  Unit Test 87
  Transparency and Handout Masters 91

Unit IV: Health and Hygiene
  Performance Objectives 107
  References 108
  Suggested Classroom Experiences 109
  Unit Test 115
  Transparency and Handout Masters 119

Unit V: Illness
  Performance Objectives 131
  References 132
  Suggested Classroom Experiences 133
  Unit Test 139
  Transparency and Handout Masters 143

Glossary of Terms
  Terms and Definitions 151
  Glossary Test 155

Answer Keys 159

Bibliography
  Books 163
  Audiovisuals 169

Publishers List 172

Audiovisuals List 174

Introduction

Nutrition, Health, and Safety for Child Caregivers is designed for use by post-secondary child development instructors. The *Instructor's Guide* and *Student Laboratory Manual* are valuable tools for instructors of courses on nutrition, health, and safety in a child care setting. The materials are most effective in courses which have both a lecture and laboratory (lab).

Carefully selected textbooks and access to a quality child care center are essential for effective utilization of the materials. The materials coordinate effectively with most textbooks on nutrition, health, and safety. (See the Bibliography for possible textbooks.) To receive maximum benefit from the lab experiences in the *Student Laboratory Manual,* students must be able to both observe children and participate in their care. Centers selected for student use should meet or exceed state licensing standards.

Descriptions of the organization of the *Instructor's Guide* and *Student Laboratory Manual,* suggestions on how to use the materials, and guidelines on coordinating student lab work are summarized below.

ORGANIZATION OF THE INSTRUCTOR'S GUIDE

The *Instructor's Guide* is organized into five units. At the beginning of each unit Performance Objectives and References are listed. Suggested Classroom Learning Experiences provide instructors with teaching strategies to help students achieve the objectives. The Unit Test includes multiple-choice and essay questions. Transparency and Handout Masters may be reproduced as needed for classroom use. The *Instructor's Guide* also contains a Glossary, Glossary Test, Answer Keys, and Bibliography. The annotated Bibliography at the back of the guide includes all references noted in the units. Materials which are recommended for student use have notations on reading level and evidence of sex bias.

ORGANIZATION OF THE STUDENT LABORATORY MANUAL

The *Student Laboratory Manual* is designed as a laboratory experience guide and workbook, written at a ninth-grade reading level. The format permits students to answer questions and make notes directly in the manual. Instructors should become thoroughly acquainted with the content of the student manual in order to work effectively with students in planning their lab experiences.

The student manual is organized into five units which correspond with the units in the *Instructor's Guide*. Each unit begins with Performance Objectives. The objectives correspond with the unit objectives in the *Instructor's Guide*. The Overview introduces basic concepts related to the unit topic. Suggested readings for in-depth study are given at the end of the Overview.

Lab experiences in each unit include both observation and participation assignments. The learning objectives for each experience will help students achieve one or more of the Performance Objectives. Participation Evaluation forms are included for the instructor's use in evaluating a student's performance. Other components of the *Student Laboratory Manual* include Guidelines for Successful Lab Experiences, Glossary, and Bibliography.

USING THE MATERIALS

The *Instructor's Guide* can assist instructors in providing learning experiences for students in the classroom. Post-secondary students are characterized by a wide range of ages, educational backgrounds, work experiences, academic abilities, and reading levels. Instructors should keep these characteristics in mind when selecting teaching strategies from the *Instructor's Guide*. Teaching strategies include group discussions, posters, charts, games, lectures, role playing, felt boards, and others. Reading materials provided for students should accommodate various reading abilities.

An important point to remember about the *Instructor's Guide* and the *Student Laboratory Manual* is that they are not self-contained. To prepare classes, instructors will need to refer to the references listed at the beginning of each unit. Students must study additional references in-depth in order to achieve the objectives. The instructor should assign appropriate readings for each unit topic. Assignments might be made from the references suggested at the end of the Overview or from other references selected by the instructor.

The instructor should prepare the overall course outline before the class meets at the beginning of the semester or quarter. The units may be covered in any order. The instructor can vary the number of classes devoted to each unit depending on the instructor's preferences and the amount of time available.

GUIDELINES ON COORDINATING STUDENT LAB ASSIGNMENTS

Coordination of student's lab experiences is a challenging task for the instructor. Although post-secondary programs vary in their arrangements for student laboratory experiences, the following general guidelines should be helpful.

Several lab experiences are suggested in each unit of the *Student Laboratory Manual*. The instructor and student can decide which activities are most appropriate for that student. Some students may be able to complete all of the lab experiences. Other students may be able to complete only a limited number. Both the number of lab hours required for the course and students' abilities influence the number of experiences assigned.

Observation experiences can be scheduled at almost any time if the child care center has an observation booth. If there is no observation booth, no more than two students should be permitted to observe in each room at one time. The number of students to observe meal preparation in a child care center kitchen must also be limited.

Participation experiences are more difficult to schedule than observation experiences. The instructor should remind students that regular daily routines of the children should not be disrupted. Students must plan their participation activities according to the general pattern of activities at the child care center. Avoid scheduling several students to do the same lab activity with one group of children. When scheduling participation experiences in the child care center kitchen, allow only one student at a time to participate.

Most lab experiences presented in the *Student Laboratory Manual* require 30 to 60 minutes, depending on whether the student is participating or observing. Time for making preparations, becoming accustomed to the children, and interacting with the children should be considered.

The instructor and student must work closely with the children's caregiver in planning and carrying out each lab experience. The caregivers should be involved in the scheduling of all student visits. Food service personnel should also be consulted when students plan to conduct lab experiences in the kitchen.

Some students will already be working as caregivers in a child care center. It may be appropriate and convenient for these students to carry out lab experiences in their own centers. The center's director should assist in planning the student's schedule to minimize disruptions of the center's activities.

Charts, wall calenders, or special notebooks might be used to keep a master schedule of all lab work. This would ensure that the instructor is aware of when and where students are observing or participating in lab experiences.

Coordinating the lab experiences with class meetings may not be possible in some situations. However, when classroom learning experiences and lab assignments are coordinated, students will benefit from combining theory and practical application.

Guidelines for Evaluating Students

Student caregivers can be evaluated in terms of knowledge, psychomotor skills, and affective behaviors. When based on course objectives, evaluation provides useful information for both students and instructors. Evaluation provides students with feedback about their performance and usually a grade. Evaluation provides the instructor with information about the effectiveness of teaching strategies used in the course.

The Performance Objectives in each unit of *Nutrition, Health, and Safety for Child Caregivers* identify specific behaviors the student should exhibit at the end of the instructional unit. These objectives can be used as a specific basis for developing evaluation instruments.

Performance objectives normally consist of three parts: (1) the specific behavior to be achieved, (2) the conditions under which the behavior is to be performed, and (3) the criteria for measuring achievement of the objective. The performance objectives used in these materials are statements of the specific behaviors to be achieved by the student. This allows instructors the freedom to decide which conditions and evaluation criteria are appropriate for their teaching situations. For example, one objective states that the student will, "List the goals of nutrition education in a child care program." Instructors should inform the students of the conditions and evaluation criteria.The objective in a complete form might be, "After studying five references, list at least 10 goals of nutrition education in a child care program on poster board, beginning with the most important goals."

The materials include several components which will assist the instructors in evaluating students' knowledge, skills, and attitudes. However, instructors are encouraged to develop evaluation methods which best meet the needs of students enrolled in the course.

EVALUATION OF KNOWLEDGE

The unit test at the end of each unit in the *Instructor's Guide* can be duplicated for all students. Answers to each unit's multiple-choice questions are at the back of the *Instructor's Guide*. The essay questions for each unit can be evaluated according to the instructor's criteria. The instructor may want to specify the criteria to the students before the test is administered. A Glossary Test has also been provided following the Glossary in the *Instructor's Guide.* Glossary Test answers are provided in the Answer Keys.

EVALUATION OF SKILLS

Student performance in the child care setting can be evaluated with the Participation Evaluation forms included in the *Student Laboratory Manual.* Two forms are provided in each unit. The instructor can decide how many times to observe each student. Before the student is observed, the instructor and student should have a planning conference. During the conference the student and instructor may go over the Participation Evaluation form. The instructor may fill in the specific behaviors to be observed during the participation experience. After the instructor observes the student, a follow-up evaluation conference provides an opportunity for the instructor to provide feedback to the student. The evaluation conference is more effective when held as soon as possible following the participation experience observed.

AFFECTIVE EVALUATION

Affective evaluation involves examining student's attitudes or feelings. Attitudes are reflective of the student's system of values or beliefs. As students strive to achieve the performance objectives, they are also forming attitudes about caregiving. In the classroom and lab, students display their attitudes in different ways. For example, they show interest, enthusiasm, commitment, diligence, patience, and many other attitudes.

If attitudes are to be evaluated in the course, students should be provided with a list of affective performance objectives. For example, students might be asked to "Be aware of the feelings of a child on a restricted diet." or "Demonstrate commitment to the caregiving profession by joining a professional organization."

These materials do not include specific affective performance objectives. Instructors may decide which attitudes are appropriate to encourage in their students. However, several elements of the materials are useful for examining students' affective performance: case studies, role playing, essay questions, conferences with the student, and rating scales.

Evaluation of the student's caregiving abilities should include evaluation of knowledge, pyschomotor skills, and attitudes. In whatever ways instructors choose to evaluate student performance, the specific requirements of the course and the evaluation criteria should be stated clearly to the students at the beginning of the course.

Performance Objectives

Principles of Nutrition Unit I

Essential Nutrients

- Explain the function of essential nutrients in the body, including proteins, carbohydrates, fats, vitamins, minerals, and water.
- Give examples of foods which are good sources of proteins, carbohydrates, vitamins, and minerals.
- Describe the digestion and utilization of nutrients by the body.

Food Groups

- Name foods in each of the five food groups of the USDA Daily Food Guide.
- Outline the nutrient contributions of each of the five food groups.
- State the number of servings from each food group recommended by the USDA Daily Food Guide for preschoolers, school-age children, adolescents, and adults.

Nutrition, Growth, and Development

- Name ways that nutrition influences growth, development, and behavior of young children.
- Measure and record children's height and weight.
- List possible signs of poor nutrition.
- Describe the effects of poor nutrition on the growth and development of the child.
- Explain how to prevent common dietary problems in young children.

Nutrition Information for Young Children and Their Parents

- List the goals of nutrition education in a child care program.
- Model and provide age-appropriate nutrition experiences for young children.
- Demonstrate ways of involving parents in a nutrition education program.

Individual Nutritional Needs

- Demonstrate ways to use dietary customs of the local community in planning a child care center nutrition program.
- Work with parents to individualize a child's diet when family values or physical factors necessitate dietary restrictions.
- Discuss dietary considerations for children with special health or physical problems.

References

ESSENTIAL NUTRIENTS

Beal, Virginia. *Nutrition in the Life Span.*

Endres, Jeannette, and Rockwell, Robert E. *Food, Nutrition, and the Young Child* (Chapter 1).

Hutchins, Bobbie. *Child Nutrition and Health* (Chapter 8).

Loveless, Susan C. *Oklahoma Child Development Associate Curriculum: Nutrition.*

McWilliams, Margaret. *Nutrition for the Growing Years* (Chapter 1).

Pipes, Peggy L. *Nutrition in Infancy and Childhood* (Chapters 1-4).

Randell, Jill, and Olson, Christine. *Early Childhood Nutrition Program* (Educator's Nutrition Handbook).

Reinisch, Edith H., and Minear, Ralph E. *Health of the Preschool Child* (Chapter 3.)

USDA Food and Nutrition Information Center. *Food and Nutrition Resource Guide.*

DIGESTION AND UTILIZATION

Hutchins, Bobbie. *Child Nutrition and Health* (Chapter 9).

McWilliams, Margaret. *Nutrition for the Growing Years* (Chapter 2).

FOOD GROUPS

Beal, Virginia. *Nutrition in the Life Span.*

Endres, Jeannette, and Rockwell, Robert E. *Food, Nutrition, and the Young Child.*

Hutchins, Bobbie. *Child Nutrition and Health* (Chapter 11).

Reinisch, Edith H., and Minear, Ralph E. *Health of the Preschool Child* (Chapter 3).

U.S Department of Agriculture. *Food.*

USDA Food and Nutrition Information Center. *Food and Nutrition Resource Guide.*

SPECIAL NUTRITION CONCERNS

Endres, Jeannette, and Rockwell, Robert E. *Food, Nutrition, and the Young Child* (Chapter 4).

Hutchins, Bobbie. *Child Nutrition and Health* (Chapter 10).

McWilliams, Margaret. *Nutrition for the Growing Years* (Chapters 11-13).

Pipes, Peggy L. *Nutrition in Infancy and Childhood* (Chapters 10 and 14).

Randell, Jill, and Olson, Christine. *Early Childhood Nutrition Program* (Educator's Nutrition Handbook)
Reinisch, Edith H., and Minear, Ralph E. *Health of the Preschool Child* (Chapter 6)

AUDIOVISUALS

Calories, Learning Activity Package.
Comparison Cards.
Energy and Carbohydrates.
The Fats.
Fat-Soluble Vitamins.
Good Nutrition–Good For You.
McQuilkin, George. *Look Before You Eat.*
Nutrition: Fueling the Human Machine.
Proteins, The Building Blocks.
Science of Nutrition.
USDA Food and Nutrition Information Center. *Audiovisual Resources in Food and Nutrition (publication).*
Water and Minerals.
Water-Soluble Vitamins.

Suggested Classroom Experiences

Essential Nutrients

OBJECTIVE

Explain the function of essential nutrients in the body, including proteins, carbohydrates, fats, vitamins, minerals, and water.

TRANSPARENCY: Show the transparency, p. 26, which lists the six basic nutrients: protein, carbohydrates, fats, vitamins, minerals, and water.

POSTERS: Divide the class into six groups. Ask each group to prepare a poster on one of the six essential nutrients. The posters should tell how each nutrient helps the body, what foods provide the nutrient, and any other information that can help students learn about the nutrient. Groups then display their posters.

FILMS: Show one or two films about nutrients and how they work in the body. [NOTE: See references at the beginning of the unit.]

REPORTS: Ask students to prepare and present reports on one of the nutrients, such as protein, vitamin C, iron, fats, carbohydrates, etc. The reports should include interesting information about the nutrient, how it works in the body, and what happens if a person has too little or too much of the nutrient.

ROLE PLAY: Assign students to role play a particular vitamin or mineral. Give them a week in which to prepare a sales pitch for their chosen vitamin or mineral. The goal of their two-minute monologue is to convince the audience that the vitamin or mineral speaking is the most important, tasty, delightful vitamin or mineral in the world. During the two minutes, the student would emphasize the function of the vitamin or mineral and name food sources. [NOTE: The humor and dramatics of the sales pitches will help students remember what each vitamin or mineral does for the body. Some students might like to make and wear costumes when they give their presentations.]

GAME: Students can play a panel game similar to "What's My Line" called "Name That Vitamin." One student is told secretly what vitamin to represent. A panel of four students takes turns asking "yes" or "no" questions of the "vitamins." After asking two questions each, panelists write down what vitamin they think the student is playing. Other students in the audience can also guess. The panelists who guess correctly receive a point. Then another student can play another vitamin. [NOTE: This game could also be played with minerals.]

PUZZLE: Give students a copy of the crossword puzzle, p. 27, which will help students review what they have learned about nutrients. [NOTE: The solution to the puzzle can be found in the Answer Key, p.159,]

OBJECTIVE
Give examples of foods which are good sources of proteins, carbohydrates, vitamins, and minerals.

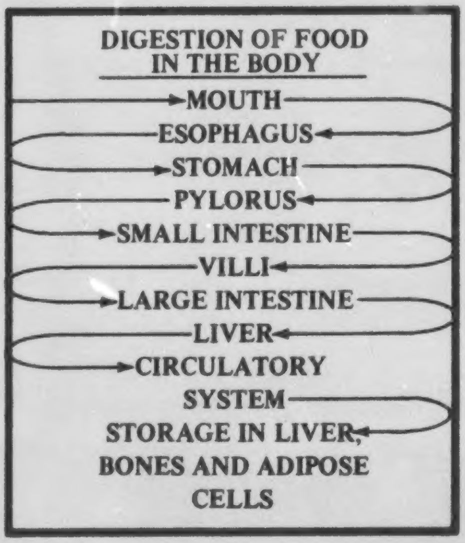
HANDOUT: Give students a copy of the handout, p. 29. Students may work alone, in pairs, or in small groups to match the food with the amount of protein found in the foods listed. Students learn which foods are characteristically high in protein. [NOTE: The correct answers can be found in the Answer Key, p. 159.]

PUZZLE: Using the handout from the activity above as a guide, students can prepare similar puzzles using one of the other nutrients. For example a matching puzzle for carbohydrates, vitamin C, or iron could be designed. Students can use the table of nutritive values found in the appendix of nutrition textbooks to find the necessary information. After students have prepared their puzzles, the puzzles can be copied and given to other classmates. [NOTE: See references at the beginning of the unit.]

PICTURES: Ask students to collect pictures of food. These pictures can be used in many activities in the classroom and can also be used with young children. [NOTE: Other sources of food pictures include the National Dairy Council, Carnation, or cereal companies.] As a class activity, groups can sort their food pictures into lunch bags labeled with one of the nutrients. The groups can observe each other's work. Provide time for discussion, since some foods may fit into more than one food group.

OBJECTIVE
Describe the digestion and utilization of nutrients by the body.

FLOW CHART: Use a poster flow chart to support a discussion or lecture on the digestive process. [PREPARATION: On a sheet of poster board, prepare a flow chart similar to the illustration at the left which shows how food is digested and absorbed into the body. For more information, see the references at the beginning of the unit.]



FILMS: Show films on the digestive system. [NOTE: See references at the beginning of the unit.] At the end of the film, ask students to write a short paragraph summarizing the film.

GAME: Make a card game for students to use in learning definitions of terms related to the digestion and utilization of food in the body. [PREPARATION: Using notecards, prepare two sets of cards with the following terms listed on one set and the definitions listed on the other set. Terms and definitions: saliva, softens food in the mouth; esophagus, moves food into the stomach; pepsin, a gastric juice; chyme, partially digested food; pylorus, separates stomach from small intestine; duodenum, upper part of the small intestine; bile, a digestive juice from the liver; villi, tiny finger-like structures that line the small intestine; colon, part of the large intestine; liver, a major storage center for nutrients; adipose cells, where fat is stored; arteries, carry blood to the body from the heart; capillaries, tiny blood vessels which carry nutrients to the cells; veins, vessels that return blood to the heart.] To play the game, mix all the cards and place face down on a table. The game is played like Concentration. The object is for each player to match a term with its definition. The first player turns over any two cards. If they match, the player keeps the pair. If the cards do not match, they are turned down again. The next player then turns over any two cards. Play continues until all the cards are matched. [NOTE: A check list with the correct matching pairs might be available for students to consult.]

LECTURE: Explain to the class what the term *calorie* means. [NOTE: *Calorie* is the common term for the word *kilocalorie*. A *kilocalorie* is defined as a unit of measurement of the amount of energy the body will derive from the absorption of a food.] Key Questions: How many calories do preschoolers, school-aged children, adolescents, and adults need each day? How can you find out? What happens to excess calories?

Food Groups

OBJECTIVES

Name foods in each of the five groups of the USDA Daily Food Guide.

Outline the nutrient contributions of each of the five food groups.

BAR GRAPHS: Use Comparison Cards developed by the National Dairy Council to help students discover the Five Food Groups. [NOTE: For ordering information, see the Bibliography.] On each card, cover the name of the food and any identifying information temporarily with a label. Leave the bar graph and nutrients showing. Let one small group of students at a time work with sorting the cards into five similar groups according to similarities in the bar graphs. Do not tell the students the names of the food groups involved. Using the bar graphs alone, students should be able to group the cards according to similarity. For example, several cards are going to show a high quantity of calcium. These will form one group. Another group of cards will have a high protein content. These will form a second group. When all the cards are sorted, students remove the labels to see what the foods are. Key Questions: What title could be given to each group now that you know what the foods are? What nutrients characterize each group? Students can replace the labels and mix the cards for the next group.

LECTURE: Explain that the USDA Daily Food Guide divides foods into five groups. Background information on how the guide was developed and can be used should be included. [NOTE: An excellent resource for instructors and students is the U.S. Department of Agriculture's publication, *Food*. See the Bibliography for ordering information.]

BULLETIN BOARDS: If you have access to bulletin boards around campus, have students prepare bulletin boards on the USDA Daily Food Guide. The students' goal would be to inform other students on campus about using the Daily Food Guide to promote physical health and emotional well-being.

MENU ANALYSIS: Advanced students may investigate further how the USDA Daily Food Guide helps ensure adequate nutritional intake. Using menus that are prepared by a child care center and based upon the Daily Food Guide, have students analyze the nutrients with the Recommended Daily Allowances Guide (RDAs). [NOTE: Information on RDAs can be found in the appendix of most nutrition textbooks. See references at the beginning of the unit.] Key Questions: Were the recommended levels of each nutrient obtained each day? At least every other day? Were there any excesses of nutrients?

PICTURES: Use pictures of food collected by students, and ask students to sort into the food groups. Label sorting containers, such as paper sacks, boxes, or folders, with the name of one of the food groups.

FELT BOARD: Use pictures of foods which contain a variety of nutrients in order to make a felt board presentation. [PREPARATION: Collect pictures of foods which contain ingredients from more than one of the food groups. For example; cheeseburger, pizza, casserole, soup, sandwich, taco, etc. Neatly mount the pictures on construction paper. On the back of each picture, glue strips of sandpaper. Also prepare five labels, one for each of the food groups. These can be prepared from felt, pellon, or poster board with a sandpaper backing.] Place one of the food pictures on the felt board. Ask a student to place on the felt board the labels of the food groups represented in this food. Let other students label the other pictures. Key questions: What advantages are there in serving a food with several food groups represented? Is there a food group which seems to be represented in many foods? What additional nutrients could be added to these foods to give them extra nutritive value?

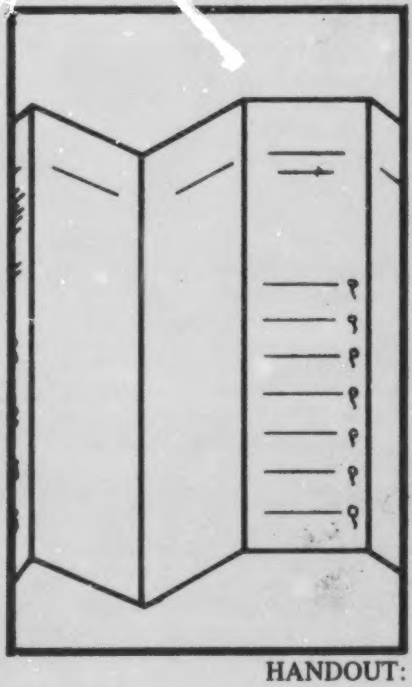
GAME: Make a memory game out of posters with pictures of foods from the food groups. [PREPARATION: On several poster boards, glue a variety of pictures of food from the food groups. Begin with posters containing about five pictures. As students become proficient at playing the game, posters with 10 or more pictures could be used.] Keep the posters hidden until time to play. Show one poster to the group for three seconds; then turn it away from view. Ask a student to name all the foods from the Bread and Cereal Group shown on the poster. Ask another student to name the foods seen from the Milk and Milk Products Group. [NOTE: This game challenges the students' memories by requiring them to remember selectively. Students practice classifying foods into the food groups in a challenging way. This game can be played with a group of four- and five-year-olds if fewer pictures are used.]

OBJECTIVE

State the number of servings from each food group recommended by the USDA Daily Food Guide for preschoolers, school-age children, adolescents, and adults.

HANDOUT: Obtain and make copies of a weekly menu from a child care center. Using the chart, p. 30, ask students to analyze each day's menu. A variety of menus might be analyzed and compared. Key Questions: Which menus come closest to meeting the Daily Food Guide requirements? What food groups are represented well or underrepresented in each menu? What changes could be made to improve poor menus? How much of the child's daily requirements need to be met while at the center?

JOURNAL: Ask students to keep a food journal of everything they eat or drink during a three-day period. In class ask the students to analyze their diets according to the USDA Daily Food Guide. The chart p. 30, may be used to help students evaluate their diets. Key Questions: For which food groups did you have the recommended number of servings? For which did you have too little or too much? How many foods eaten are in the Fats and Sweets Group? How could you improve your diet?



PANEL DISPLAY: Use a panel display similar to the illustration at the left to help students learn the recommended number of servings for each of the food groups. [PREPARATION: Using a pattern cutting board or heavy cardboard, prepare a panel display which can be used as an independent learning center. Divide the display board into five sections. In each section, list a food group with its characteristics. Illustrate each section with pictures of foods from that group. On one side of each section, list these categories: Preschool Children; School-age Children, younger than 9; School-age Children, 9 or older; Adolescents; and Adults. Opposite each category, list three possible numbers of servings and punch a hole by each number. Use a brad to attach a shoestring to each category. The shoestring should have a plastic-coated end so that it can be placed in the punched hole.] The student's task is to match each age category to the correct number of daily servings. At the bottom of each section, attach an envelope with the answers. [NOTE: If you do not have time to prepare the display, you might assign it as a group project for some interested students. This same idea could also be modified into a handout.]

Nutrition, Growth, and Development

OBJECTIVE

Name ways that nutrition influences growth, development, and behavior of young children.

HANDOUT: Give students a copy of the handout, p. 31, which will encourage students to think about how nutrition influences growth, development, and behavior of young children. Students are to write down their ideas inside each scarf. For example, nutrition influences height, weight, body systems, attitudes, energy level, appearance, ability to learn, and many others.

TRANSPARENCY: Show the transparency, p. 32, which illustrates growth cycles. Explain that during periods of rapid growth, nutritional needs and appetites often change.

LECTURE: Explain to the students that the rate of growth influences children's appetites. For example, as toddlers grow out of infancy, their growth rate slows. A smaller appetite in toddlers is normal. Key Questions: What other factors influence children's appetites? How should caregivers respond to a change in appetite?

TRANSPARENCY: Show the transparency, p. 33, which illustrates Sheldon's three basic body builds. These body types become apparent in preschoolers. [NOTE: The endomorphic body is generally fuller, rounded; the mesomorphic body is muscular, squarely-built; the ectomorphic body is tall and thin. Sheldon proposed that body type is related to personality in individuals. For example, ectomorphic preschool children tend to be thoughtful; endomorphs tend to be assertive; and mesomorphs tend to be self-confident.] Key Questions: What determines body build? How might diet affect body build?

OBJECTIVE

Measure and record children's height and weight.

DISCUSSION: Discuss Lab Experiences 6 and 7 in which students observe an infant being weighed and measured and in which they weigh and measure preschoolers.

GUEST SPEAKER: Invite a health care professional to discuss how height and weight are recorded on growth charts. The speaker should discuss how this information helps the professional assess a child's health. The speaker might discuss other physical measures taken, such as skinfold thickness and head circumference. [NOTE: If you are trained in the use of such charts, you might present this information to your students.] Point out to students that health care professionals are best qualified to interpret data from growth charts.

OBJECTIVES

List possible signs of poor nutrition.

Describe the effects of poor nutrition on the growth and development of the child.

REPORTS: Ask students to select one of the following topics to research for a report. The report should focus on how growth and development is compromised as a result of inadequate nutrition. Topics: "Failure to Thrive in Infants," "The Effects of Poor Nutrition on Physical Development," "Malnutrition in Our Country: Its Causes and Effects," "Catching Up: Is It Possible After an Inadequate Diet?" [NOTE: You may wish to suggest other titles.]

HANDOUT: Give students a copy of the handout, p. 34, which describes signs of poor nutrition. Key Question: Could these signs indicate problems other than poor nutrition?

OBJECTIVE

Explain how to prevent common dietary problems in young children.

ROLE PLAY: Select students to help role play a scene at the dentist's office. Acting as the dentist, you can relate important facts to the patient and parent about dental caries. [NOTE: See references at the beginning of the unit.]

CASE STUDY: Read the following case study to the class. Margie, a 2½-year-old, has begun to show weight gain which is above average for her height. When parents, family members, and caregivers were interviewed, some of the following behaviors were apparent. Whenever Margie cried, someone in the family would give her a cracker. Daily her father brought home sweets for the children. Margie was often not hungry at mealtimes and did not each much. Caregivers worried about this and would offer her food throughout the day trying to get her to eat. Margie always took a bottle of fruit drink to bed with her. Key Questions: How are the adults contributing to a dietary problem? What habits is Margie learning? How does she influence the behavior of her parents, family, and caregivers? What can be done to divert the development of this dietary problem?

GUEST SPEAKER: Invite a dietitian or other professional to speak to the class about common dietary problems of young children. The speaker might address the problems of obesity, iron-deficiency anemia, or dental caries.

POSTERS: Ask the students to prepare posters on the prevention of common dietary problems in young children. For example, they might prepare a poster titled, "Nutritious Snacks," "Prevent Dental Decay," "Energize with Iron-rich Foods," or "Ten Steps to Good Nutrition Habits."

Nutrition Information for Young Children and Their Parents

OBJECTIVE

List the goals of nutrition education in a child care program.

DISCUSSION: Divide the class into four groups: Parents, Directors, Children, and Caregivers. Ask each group to discuss what the roles and responsibilities of the child care center are in terms of nutrition education from their perspective. Each group shares the three most important roles or responsibilities. Key Questions: How do the roles and responsibilities differ among the groups? How are they similar? Why would parents, caregivers, children, and directors have different opinions?

Q-SORT: Divide the class into groups. Provide each group with a set of blank notecards. Ask each group to brainstorm for 10 to 15 minutes and write down the goals of a nutrition program in a child care center. After they have written down the goals, ask them to arrange the goals into three stacks. One stack is for essential goals, one for desirable goals, and one for good but not necessary goals. Lead the class in synthesizing all the goals into one list of 10 major goals. Write the list on the chalkboard.

OBJECTIVE

Model and provide age-appropriate nutrition experiences for young children.

BRAINSTORMING: Ask the class to name nutrition concepts which might be learned by young children. List all on the chalkboard. Encourage students to think in basic terms. Continue until 20 to 30 concepts are listed. [NOTE: Some concepts are: we need food to grow; food gives our body energy; foods can be divided into food groups; foods have different tastes, textures, and appearances.] Key Questions. Which concepts do not seem appropriate for the child younger than six? Could these concepts be simplified? Erase or change these concepts. Key Question: Which concepts seem to be the most basic or simple? Place a number one by these concepts to indicate the Level I concepts. Key Question: Which concepts are the most difficult? Use the number three to mark these Level III concepts. Remaining concepts are Level II concepts and should be marked accordingly. Students can record the concepts by levels in their notes for future reference. Concepts might also be ranked within each level from the simple to the complex. Key Question: What age ranges would seem to fit these levels?

LEARNING CENTERS: Plan learning centers for the class on nutrition for young children. Students can prepare one or two ideas or activities which help young children understand nutrition concepts. Students can use the previous list of concepts for ideas. The centers might be arranged by concept level, subject, or age range. Students present their ideas in a learning center. Rotate centers and students so that everyone has an opportunity to visit each center once.

CARTOONS: Provide cartoons or pictures which depict children or adults eating and drinking. In small groups let the students examine and discuss the cartoons. Key Questions: What would a child learn from observing the adults in this situation? What themes are most common in the cartoons?

ROLE PLAY: Ask two small groups of students to prepare and present a role play about a trip to the grocery store with preschoolers. One group should try to demonstrate how adults can model or encourage positive attitudes about nutrition. The other group demonstrates how adults model negative attitudes about nutrition.

ACTIVITY: Provide students with copies of the Experience Plan form, p. 35. Assign students to collect ideas for encouraging nutrition understanding in young children. Provide time in class for students to exchange and copy each other's ideas.

OBJECTIVE

Demonstrate ways of involving parents in a nutrition education program.

SURVEY: Ask students to contact various child care centers to find how the centers involve parents in nutrition education. Students can report their findings to the class and discuss any ideas. Key Questions: Why would some centers not have a program for providing parents with nutrition information? [NOTE: Only one student should contact each center.]

NEWSLETTERS: To emphasize the importance of parent involvement in nutrition education of young children, ask students to prepare for parents a series of newsletters which focus on nutrition. Some students may be able to use their newsletters with the parents of the center where they participate or work.

BULLETIN BOARDS: Divide the class into pairs or small groups. Ask each group to prepare for parents a bulletin board which emphasizes good nutrition for young children. Students may wish to display their bulletin boards in a child care center.

Individual Nutritional Needs

OBJECTIVE

Demonstrate ways to use dietary customs of the local community in planning a child care center nutrition program.

REPORTS: Ask students to report on dietary customs of the local community. Be sure reports include each cultural group represented in your community.

DISCUSSION: Divide the class into groups and provide each with a large sheet of paper. Students in each group can discuss and write down ways to include dietary customs of local groups into the nutrition program. Groups then share ideas.

CHART: List or illustrate various ethnic dishes. [PREPARATION: Prepare a chart with a list or pictures of ethnic dishes. Include examples of Mexican, Asian, German, and Black American dishes.] Key Questions: What food groups are represented in each dish? What nutrients does each dish provide?

DEMONSTRATION: Invite local resource persons or parents to demonstrate the preparation of food characteristic of different cultures. Key Question: How might children be involved in the preparation of dishes?

OBJECTIVE

Work with parents to individualize a child's diet when family values or physical factors necessitate dietary restrictions.

LECTURE: Explain to the students that some children who attend a child care center come from families which have certain dietary restrictions. These restrictions are based on the religious or personal values of the parents. It is important that caregivers respect the child's family values and make every effort to support them in the life of the child at the center. Describe some of the types of dietary restrictions which caregivers may come into contact with. Include the various types of vegetarian diets, diets which restrict pork, diets which call for kosher foods, diets which forbid the consumption of particular foods on certain days of the week.

DISCUSSION: Ask the students to discuss the effects of dietary restrictions on the child. Key Questions: How does the child feel when not allowed to eat foods that the other children are eating? How can the caregiver minimize any negative feelings? Is it easier for a child to accept dietary restrictions based upon physical causes or family values?

GUEST SPEAKER: Invite parents whose values call for special diets to speak to the class. Ask guests to share their beliefs about food and explain the reasons for their dietary laws or beliefs. [NOTE: Caregivers who understand the beliefs of these parents are more likely to cooperate in supporting the values of the family while the child is at the center.]

ROLE PLAY: Divide the class into small groups and ask them to develop and perform a role play about respecting the dietary values of the child's family. [NOTE: One situation might involve an interaction between the caregiver and the child in which the family's values can be supported. Another might involve a visit with a parent.]

OBJECTIVE

Discuss dietary considerations for children with special health or physical problems.

LECTURE: Give students some basic information about dietary considerations for children with special health or physical problems. [NOTE: Dietary disorders include allergies, disorders related to metabolism, diabetes, and disorders of the heart, liver, and kidneys. See references at the beginning of the unit. Most of these disorders call for specific restrictions in the diet in order to minimize the effects of the condition.]

MENU ANALYSIS: Provide the class with copies of various child care center menus. Ask the students to analyze the menus in terms of their suitability for children with various dietary disorders. [NOTE: For example, what items would have to be eliminated or altered for a child with phenylketonuria, galactosemia, or an allergy to eggs] Key Questions: Who is responsible for planning the menu for a child with a dietary disorder? What is the caregiver's role in meeting the child's needs? [NOTE: Usually, a physician or dietitian working with the parents plans menus. A caregiver's role is to be aware of the particular restrictions and be sure that the child does not eat the restricted foods while at the center.]

GUEST SPEAKER: Invite a guest speaker, such as a dietitian, who is knowledgeable about dietary disorders of young children. Have the speaker address the class on this topic.

INTERVIEWS: Arrange for some students to interview a parent or professional who works with physically handicapped children. Key Questions: How are diets modified for the physically handicapped child? What kinds of conditions necessitate dietary modifications? What is the child caregiver's role in supporting dietary guidelines for the physically handicapped child?

REPORTS: Ask interested students to research current literature on the relation of diet to hyperkinesis. Key Questions: What evidence supports the relationship? What might be other possible causes of hyperkinesis? How do parents adjust the diets of a child with hyperkinesis? What personal experiences can you share which might be relevant to this topic? Students can share their reports with the class.

Principles of Nutrition Unit Test

DIRECTIONS

For Items 1-22, select the letter of the phrase which completes the statement correctly. Place the letter in the blank next to the statement. Choose only one answer for each item.

1. ________ Carbohydrates provide the body with
   A. fat cells.
   B. energy.
   C. amino acids.
   D. calcium.

2. ________ Proteins play an important role in
   A. the repair of tissues.
   B. the digestion of food.
   C. limiting the number of fat cells.
   D. the utilization of certain vitamins.

3. ________ The primary source of stored energy in the body is
   A. vitamins.
   B. proteins.
   C. fats.
   D. carbohydrates.

4. ________ An example of a fat-soluble vitamin is
   A. vitamin C.
   B. vitamin A.
   C. niacin.
   D. vitamin B_{12}.

5. ________ The food which has a higher protein content is
   A. a medium-sized apple.
   B. a boiled egg.
   C. three ounces of tuna fish.
   D. one slice of whole-wheat bread.

6. ________ A food which is *not* a good source of protein is
   A. lean beef.
   B. a glass of milk.
   C. kidney beans.
   D. gelatin.

7. _______ The food which has the best source of vitamin C is
A. cabbage.
B. broccoli.
C. banana.
D. lettuce.

8. _______ Each person should have a food high in vitamin A
A. twice a week.
B. every day.
C. once a week.
D. every other day.

9. _______ Nutrients are absorbed by the body in the
A. esophagus.
B. stomach.
C. small intestine.
D. large intestine.

10. _______ A food which belongs in the Milk and Milk Products Group is/are
A. noodles.
B. yogurt.
C. soft drinks.
D. bananas.

11. _______ Peanut butter belongs in the
A. Meat and Legumes Group.
B. Vegetable and Fruit Group.
C. Bread and Cereal Group.
D. Milk and Milk Products Group.

12. _______ A vitamin which should be included in the diet each day is
A. vitamin C.
B. vitamin A.
C. thiamine.
D. vitamin K.

13. _______ The food group which provides fiber is
A. Milk and Milk Products.
B. Meat and Legumes.
C. Vegetable and Fruit.
D. Fats and Sweets.

14. _______ According to the USDA Daily Food Guide, preschool children need a serving from the Meat and Legumes Group at least
A. once a day.
B. twice a day.
C. three times a day.
D. four times a day.

15. _______ Two-year-old Brandon has been consistently uninterested in eating his lunch all week. Joseph, his caregiver, cannot understand why Brandon's appetite has changed. He does not seem to be sick and plays as vigorously as ever. You might explain to Joseph that Brandon's change in appetite
A. results from newly emerging self-assertion.
B. reflects a slower rate of growth that toddlers show as they grow from infancy.
C. may signal an intestinal disorder that is often hard to identify.
D. may indicate problems at home.

16. ______ When caregivers are involved in weighing and measuring children, they should
A. allow health care professionals to take the measurements as they are more accurate.
B. use growth charts and decide if the children are normal.
C. record the measurements in the children's folders.
D. be sure to inform parents of unusual signs of growth.

17. ______ Obesity in young children results from
A. eating snacks between meals.
B. not exercising enough.
C. consuming more calories than the body burns up.
D. eating fats and sweets.

18. ______ A food source which contributes to tooth decay is
A. meats.
B. vegetables.
C. dairy products.
D. breads.

19. ______ A nutrition education goal which would be appropriate for a child care center program would be to
A. teach children the names of all the vitamins.
B. help children realize the value of eating a variety of foods.
C. have children select a diet based upon the USDA Daily Food Guide.
D. encourage parents to analyze their family's diets by the U.S. Recommended Dietary Allowances.

20. ______ In the scenes decribed below, the caregiver who is providing an age-appropriate nutrition experience is
A. Mario. The five-year-olds in Mario's class are working in a learning center. There are colorful pictures of different kinds of foods from two of the basic food groups. Two baskets, one labeled with a picture of fruits and the other labeled with a picture of meats, are on the table. Children in the center sort the pictures into the baskets.
B. Louisa. Louisa wants to teach her four-year-olds about vitamins. She has several cut-out letters which stand for various vitamins. She shows the children the letter and tells them about that vitamin.
C. Raoul. Before lunch Raoul shows the toddlers a copy of the center's menu. He explains that every day different foods are served. The menu tells what should be eaten. The toddlers listen briefly; then one reaches up to grab the menu.
D. Suzanna. During the circle time, Suzanna shows her preschoolers a colorful poster which illustrates the digestive process. She explains how food is eaten and broken down by the body into nutrients.

21. ______ The diet which is the most difficult to plan in order to ensure adequate nutrition is the

A. kosher diet.
B. vegetarian diet with eggs and milk products.
C. strict vegetarian diet.
D. pork-free diet.

22. ______ The dietary disorder which requires that children not consume milk and milk products is

A. phenylketonuria.
B. galactosemia.
C. diabetes.
D. heart disease.

DIRECTIONS

For Items 23-25 write a short essay.

23. List examples of foods in the Fats and Sweets Group. What are the recommended servings for adults and children? Why?

24. Explain the effects of inadequate nutrition on the health of the young child.

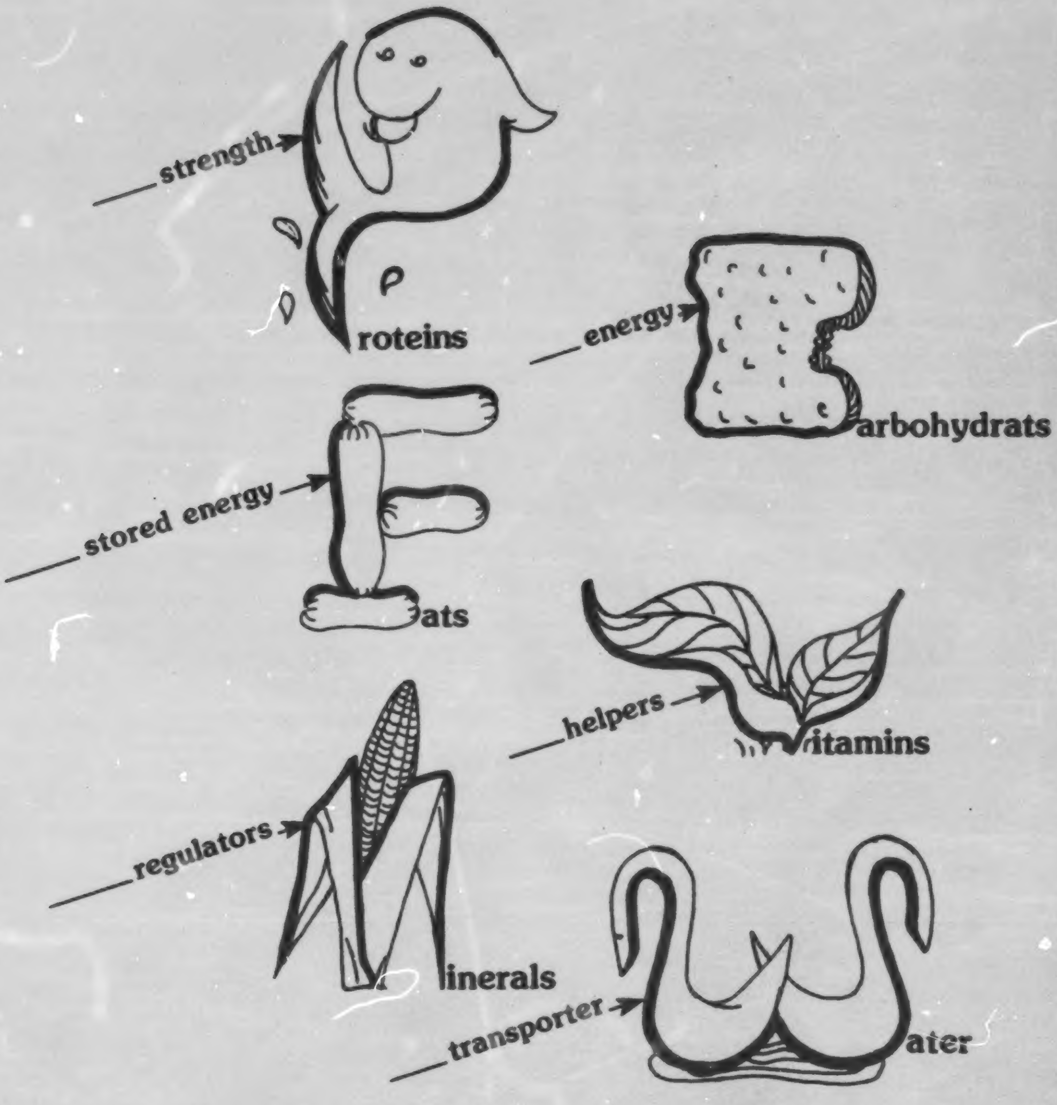
25. What are a child care center's responsibilities in providing nutrition education for parents? Describe these responsibilities.

Transparency and Handout Masters

PAGE TITLE

26 Essential Nutrients
27 Nutrition Puzzle
29 High or Low: Food Sources of Protein
30 Daily Food Guide Diet Analysis
31 Nutrition Influences
32 Growth Cycles
33 Basic Body Builds
34 Signs of Good and Poor Nutrition
35 Experience Plan

Essential Nutrients


___strength
roteins
___energy
arbohydrats
___stored energy
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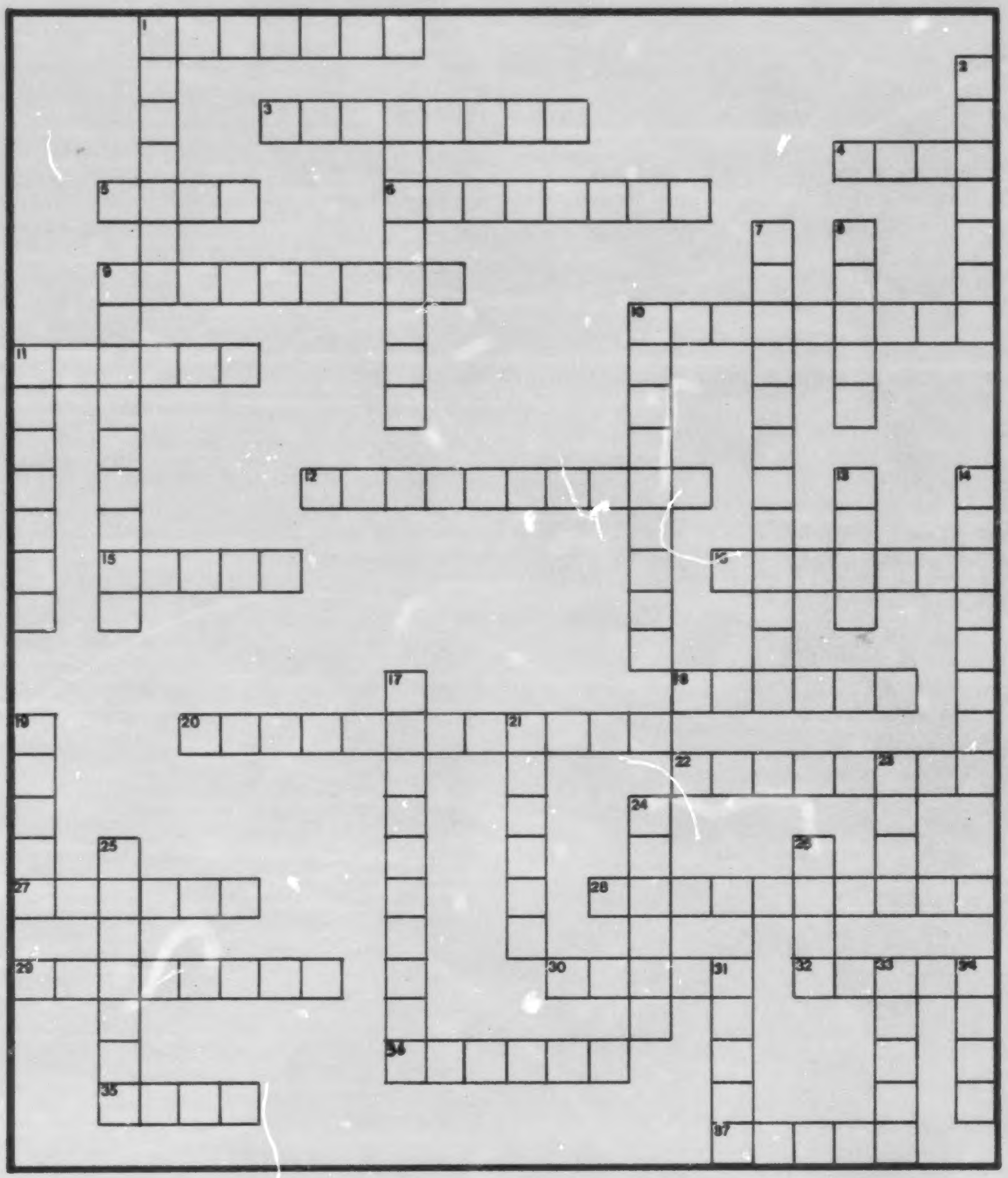
___helpers
itamins
___regulators
inerals
___transporter
ater

Nutrients are found in the food we eat. Each food has different amounts and kinds of nutrients.

Nutrition Puzzle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Nutrition Puzzle

ACROSS

1. To decorate.
3. Two slices of bread with a layer of meat, fish, or cheese between.
4. The foods that a person eats; also, a special plan for eating.
5. To heat a liquid until bubbles appear.
6. A term describing processed food which has had certain amounts of iron and three of the B vitamins (thiamine, riboflavin, and niacin) added to it.
9. Liquids for drinking.
10. The study of nutrients and how the body uses them.
11. The curd of the milk separated from the whey and prepared as a food. Examples include Swiss, American and Cheddar.
12. A water soluble B vitamin.
15. A small portion of food or drink usually eaten between meals.
16. A nutrient needed to build and maintain cells. Can also be used for energy.
18. A person's ability for action or work. Supplied by food.
20. A source of food energy. Examples include sugars and starches.
22. Measurement units for food energy.
27. A water-soluble B vitamin.
28. A lack or shortage.
29. A water-soluble B vitamin.
30. The sweet crystalline substance used for sweetening.
32. A routine action.
35. The yellow part of an egg.
36. A food such as flour or sugar that is kept on hand in the kitchen for frequent use.
37. The ability to sense sweet, sour or bitter.

DOWN

1. The sugar in fruits.
2. A type of nutrient. A,B,C,D, E and K are amo those known to be needed by the body.
7. Source of food energy. Examples: sugar a starches.
8. The transparent, odorless liquid needed for h man life (H_2O).
9. First meal of the day.
10. Substances found in foods necessary for li There are 6 categories.
11. Edible orange roots.
13. Type of nutrient that supplies concentrat energy and is stored in the body. Examples: and butter.
14. A basic kind of matter. Examples important nutrition include calcium, iron, and iodi
17. Necessary for health bones, teeth, muscles, a nerves. Milk and other dairy products are go sources.
19. Seed from such plants as wheat, corn, rye, oa and rice.
21. Mend or restore to a good or sound conditio Good nutrition is necessary for body ________ following illness or injury.
23. The nutrient needed to avoid anemia. Liver, p nut butter, and legumes are excellent sourc
24. A person's ability for work. Supplied by foo
25. A number of different types of things. A balanc diet includes a __________ of foods.
26. An excellent source of protein. Examples: tu cod.
31. To cook by dry heat.
33. A preservative mixture of salt and water that f vors food placed in it.
34. A canned fish, low in fat, often used in sal and casseroles.

High or Low: Food Sources of Protein

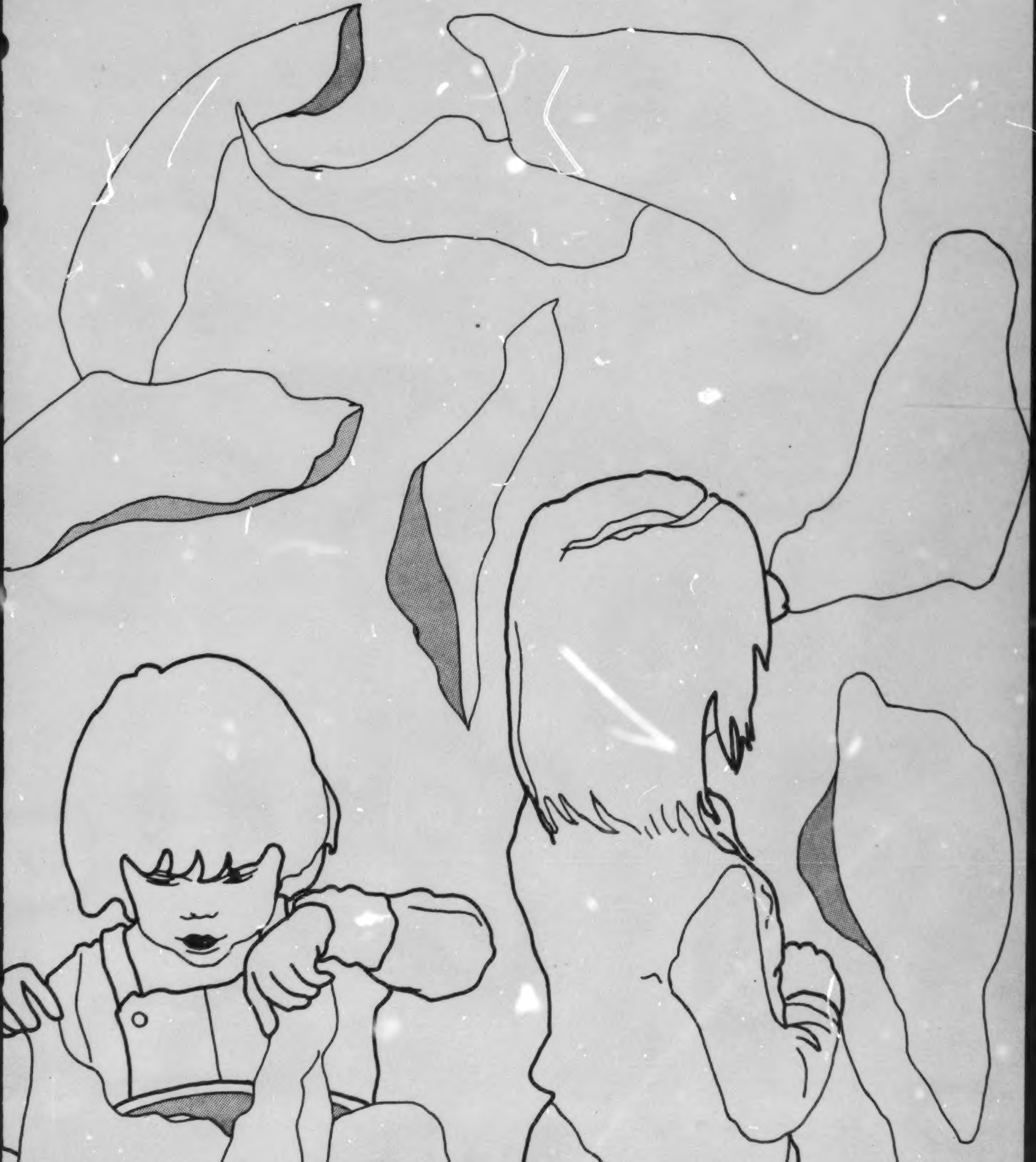
DIRECTIONS: Match each food listed below with the number of grams of protein found in that food. If you need help, look at a table of nutritive values in the appendix of a nutrition textbook.

FOOD	GRAMS OF PROTEIN
__ 1. One slice cracked wheat bread	A. 0
__ 2. Medium-sized apple	B. 1
__ 3. Lima beans, one cup	C. 2
__ 4. Two boiled eggs	D. 3
__ 5. Milk, one cup	E. 4
__ 6. Tuna fish, three ounces	F. 5
__ 7. Baked potato, medium	G. 7
__ 8. Beef liver, two ounces	H. 9
__ 9. Peanut butter, one tablespoon	I. 10
__ 10. Orange juice	J. 13
__ 11. Broccoli, one cup	K. 15
__ 12. Noodles, one cup	L. 23
__ 13. Lean beef, three ounces	M. 24
__ 14. Cola beverage, one cup	N. Trace

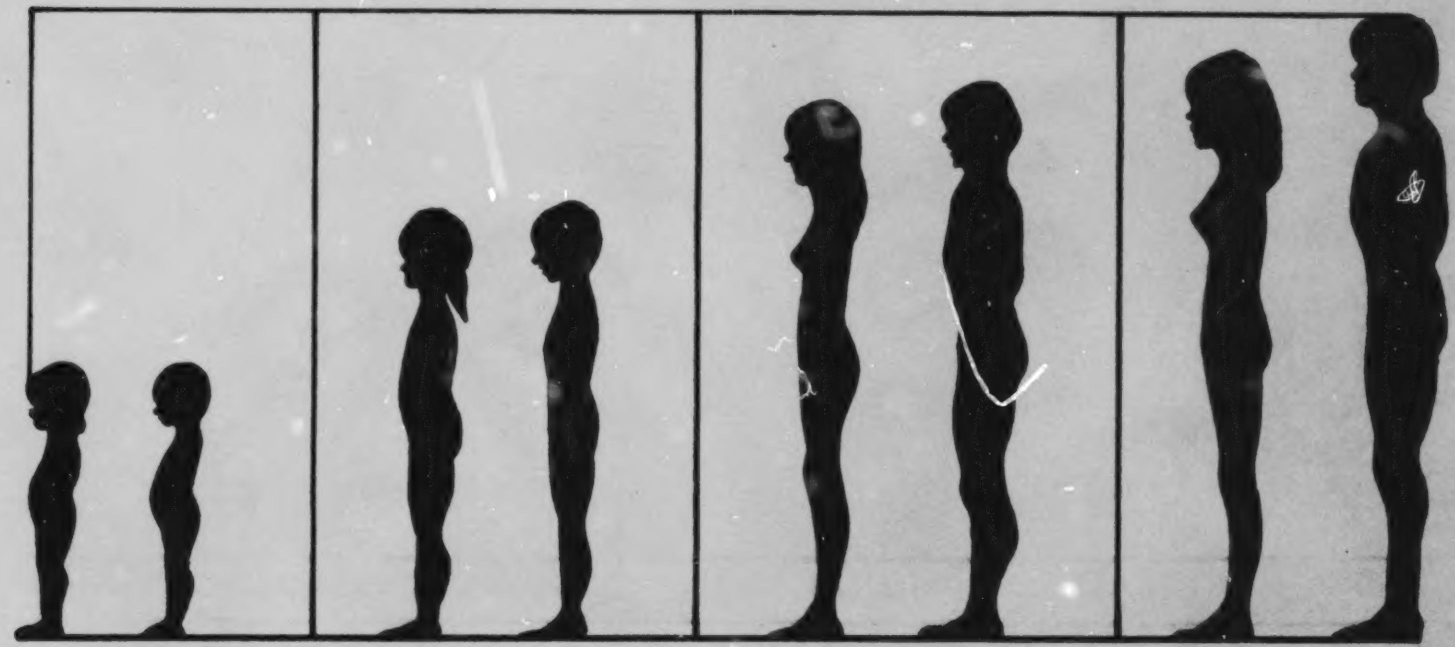
Daily Food Guide
Diet Analysis

	Milk & Milk Products			Vegetable & Fruit					Bread & Cereal				Meats & Legumes			Fats & Sweets		
Day of the week	Number of Servings	Recommended Servings	+ or –	Number of Servings	Recommended Servings	+ or –	Vitamin C Source	Green or Yellow	Number of Servings	Recommended Servings	+ or –	Whole-Grain	Number of Servings	Recommended Servings	+ or –	Number of Servings	Recommended Servings	+ or –
Monday																		
Tuesday																		
Wednesday																		
Thursday																		
Friday																		
Saturday																		
Sunday																		

Nutrition Influences



Growth Cycles



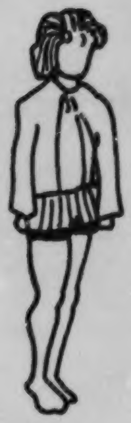
Birth - 2 Years
Rapid Growth

2 Years - Puberty
Slow Growth

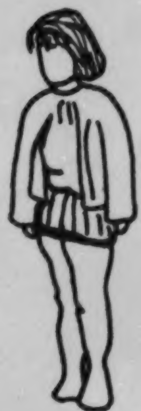
Puberty - 16 Years
Rapid Growth

16 Years - Maturity
Slow Growth

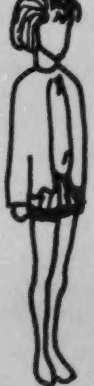
Basic Body Builds



Mesomorph

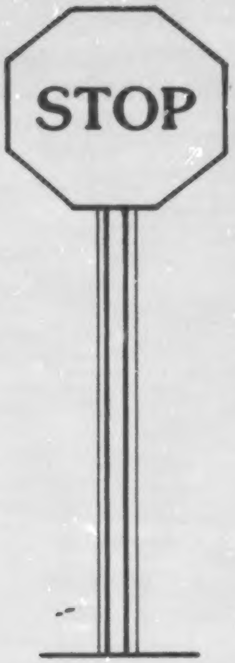


Endomorph



Ectomorph

The Signs of Good and Poor Nutrition



Poor Nutrition

- Height is above or below recommended height.
- Weight is above or below recommended weight.
- Lack of energy.
- Cavities in teeth, gums bleed easily.
- Skin injuries do not heal easily.
- Development may be slow.
- Sleeps poorly.
- Poor appetite
- Eyes are sore and red.

GO with Good Nutrition

- Weight is normal.
- Height is normal.
- Energetic
- No cavities, pink gums
- Skin injuries heal easily.
- Development is normal.
- Sleeps well
- Normal appetite
- Eyes are bright and clear.

EXPERIENCE PLAN

Topic: ______________________ *Approximate age(s)* __________
Purpose: ______________________
Child(ren) who might be involved: ______________________
Materials: ______________________
Introduction: ______________________

Caregivers Role:

Anticipated Child(ren)'s Role:

Results:

EXPERIENCE PLAN

Topic: ______________________ *Approximate age(s)* __________
Purpose: ______________________
Child(ren) who might be involved: ______________________
Materials: ______________________
Introduction: ______________________

Caregivers Role:

Anticipated Child(ren)'s Role:

Results:

Performance Objectives

Meals and Snacks Unit II

Planning

- Summarize state and funding agency guidelines regarding the nutrition program in a child care center.
- Plan a cycle menu for a child care center.

Preparation

- Handle and store foods properly to preserve nutritional value and prevent spoilage.
- Prepare foods in a sanitary manner.

Mealtime Environment

- Analyze the procedures and merits of serving family-style meals in the child care center.
- Develop guidelines for providing a positive mealtime experience for young children.
- Model table manners and good eating habits when participating in meals.
- Explain how caregivers can respond appropriately to the mealtime behaviors of young children.
- Describe equipment, supplies, and space arrangement appropriate for children's meals and snacks.
- Discuss the differences in mealtime routines for infants, toddlers, and preschoolers.
- Explain how the environment can be modified to accommodate comfortably the handicapped child during meals and snacks.

Learning from Food Experiences

- Involve children in mealtime preparation, serving, and clean-up.
- Explain how meals and snacks can enhance a child's total development.
- Provide food experiences which promote children's understanding of basic food-related concepts while enhancing the child's total development.

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PLANNING

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Suggested Classroom Experiences

Planning

OBJECTIVE

Summarize state and funding agency guidelines regarding the nutrition program in a child care center.

QUIZZES: Ask students to study the state or funding agency guidelines regarding nutrition and food preparation. In small groups students can design a quiz on this part of the guidelines. Groups then exchange and take each other's quizzes.

OBJECTIVE

Plan a cycle menu for a child care center.

LECTURE: Discuss with the class the concept of *cyle menus.* These are a set of three to four weekly menus that are repeated during a season. Planning of cycles occurs about four times a year and should involve a meeting of the director, caregivers, parents, and a dietititian or comparable professional. Planning according to season allows the center to take advantage of foods in season at lower costs. [NOTE: See references at the beginning of the unit.] Key Questions: What contributions do each of these individuals make in the menu planning process? What other advantages of using cycle menus can you name?

DISCUSSION: Discuss Lab Experience 9 in which students interviewed persons involved in menu planning at a child care center. Discuss the different ways that menus can be planned.

HANDOUT: Give students copies of the handout p. 59, which gives some guidelines for menu planning. Key Questions: How might the size of the oven or refrigerator influence menu planning? How does involving children influence the menu?

HANDOUT: Give students a copy of the menu, p. 61. Ask them to analyze the menu in terms of the guidelines suggested in the handout used above, p. 59, Key Questions: How might children be involved in preparing some of the foods on this menu? Which meals might be more difficult to prepare?

MENU PLANNING: Divide the class into small groups. Students work together to plan a four-week cycle menu. The "Menu Planning Guide for Child Care Centers," p. 62, can be duplicated and used for work sheets by the students. Assign each group to plan for different seasons of the year. Menus developed can be copied and given to all students so that they have a year of cycle menus.

FLIP CHART: Prepare a flip chart which examines some unwise practices in menu planning. [PREPARATION: Use a large newsprint tablet or poster boards. Write the following statements on each page:

p. 1 Should soups be served at the child care center?
Yes No

p. 2 No, soups are an unwise choice because they do not provide a complete serving of meat or vegetables. They are also difficult for young children to eat.

p. 3 Can undiluted, condensed soup be used as a junior food for babies?
Yes No

p. 4 No, undiluted soup is an unwise choice because of the high salt content.

p. 5 Should the dessert of the meal be served along with the rest of the food?
Yes No

p. 6 Yes, dessert should be served with the meal because desserts should be meeting one of the food group requirements.

p. 7 Can fruit gelatin be counted as a serving of protein or fruit?
Yes No

p. 8 No, fruit gelatin cannot serve as protein or fruit. It contains mainly sugar. It should only be served if plain, unsweetened gelatin and fruit juice is used.

p. 9 Should vegetables be allowed to sit in water to soften them for babies?
Yes No

p. 10 No, it is unwise to soften vegetables in water for a prolonged period because the vegetables lose much of their flavor and nutrients.

p. 11 Are fruit drinks as nutritious as fruit juices?
Yes No

p. 12 No, fruit drinks contain a greater amount of sugar and may contain little or no real fruit juice.]

As the flip chart is presented, allow students to discuss and respond to the question before you show the answer. Be sure students understand the reasons for the answers.

Preparation

OBJECTIVES

Handle and store foods properly to preserve nutritional value and prevent spoilage.

Prepare foods in a sanitary manner.

CHARTS: Ask students to prepare a reference chart which shows how long foods can be stored, how to store them properly, and what the signs of spoilage are. Charts might be organized similarly to the illustration below. [NOTE: This information may be gathered from several sources. Many food service textbooks have this information. See references at the beginning of the unit.]

FOOD STORAGE

Food	Days Stored Safely	Storage Method	Signs of Spoilage

HANDOUT: Give students a copy of the handout, p. 63, which requires students to match the food items listed with the number of days the foods can be stored properly. [NOTE: This activity should follow the activity above in which students researched references for this information. Answers are found in the Answer Key, p. 159,]

FILMS: View some films on sanitary food storage and handling procedures. [NOTE: See references at the beginning of the unit.]

LECTURE: Impress upon students the importance of proper food handling and storage by discussing the dangers of improperly stored foods. Include information about how bacteria can grow and contaminate foods. Discuss salmonella, *Clostridium perfringens*, botulism, and staphylococcus.

TRANSPARENCY: View the transparency, p. 64, which illustrates the need for proper temperatures in storing and preparing foods. Key Question: How should food be thawed?

CHECK LIST: Give students a copy of the check list, p. 65, which rates sanitary food preparation practices of food service workers. Ask students to rate themselves as a food service worker.

REPORTS: Ask students to research accounts of food poisonings resulting from poor sanitation practices. Students can share newspaper or magazine articles in class. Examine the cases to discover the cause of each incident and how it could have been prevented.

DEMONSTRATION: Demonstrate the preparation of pureed baby foods using foods that are a part of the center's menu. Key Questions: Why are baby foods prepared from the center's menu more desirable? When are commercial baby foods desirable? [NOTE: See references at the beginning of the unit for instructions on how to prepare baby foods.]

Mealtime Environment

OBJECTIVE

Analyze the procedures and merits of serving family-style meals in the child care center.

TRANSPARENCY: View the transparency, p. 66, which illustrates family-style meals. Review with the students the procedures for family-style meals. List on the transparency the advantages and disadvantages.

OBJECTIVE

Develop guidelines for providing a positive mealtime experience for young children.

DISCUSSION: Divide the class into small groups. Provide each group with a large sheet of butcher paper or newsprint and felt-tip markers. Ask the groups to list guidelines for positive mealtime experiences. Groups can share their guidelines and modify their lists. Remind students of additional guidelines that they may have forgotten to include. Students may copy their lists in their notes for future reference.

ROLE PLAY: Divide the class into two or three large groups. Each group will plan two role plays to demonstrate mealtime experiences. The first experience should show caregivers and children during an unpleasant mealtime. Ask the students observing to write down what the caregivers were doing to contribute to a negative mealtime atmosphere. The second role play should be a replay of the same event but with a positive atmosphere. Students see if their projections were correct.

GAME: Students can play the Positive Mealtimes Game in small groups to help them remember how to make mealtimes positive for all. [PREPARATION: Prepare the board game on "Positive Mealtimes" by following the directions and using the patterns, pp. 67-69. This is a humorous game and can be used to help students relax.]

OBJECTIVE

Model table manners and good eating habits when participating in meals.

POSTER: Prepare a poster which lists good table manners. Ask students to discuss at what developmental levels children can acquire each habit. [PREPARATION: List these table manners on a poster board: speaking in a soft voice, keeping the topics of conversation pleasant, asking for food to be passed instead of reaching across the table, saying "please" and "thank you," keeping the napkin in the lap, chewing with mouth closed, not talking with food in mouth, using utensils instead of fingers, keeping elbows off the table.] Key Questions: What purpose do table manners serve? How do children learn table manners?

FELT BOARD: Ask students to create a felt board story which could be used to acquaint four- and five-year-old children with appropriate mealtime behaviors. Students can present their stories in class and share their felt board patterns.

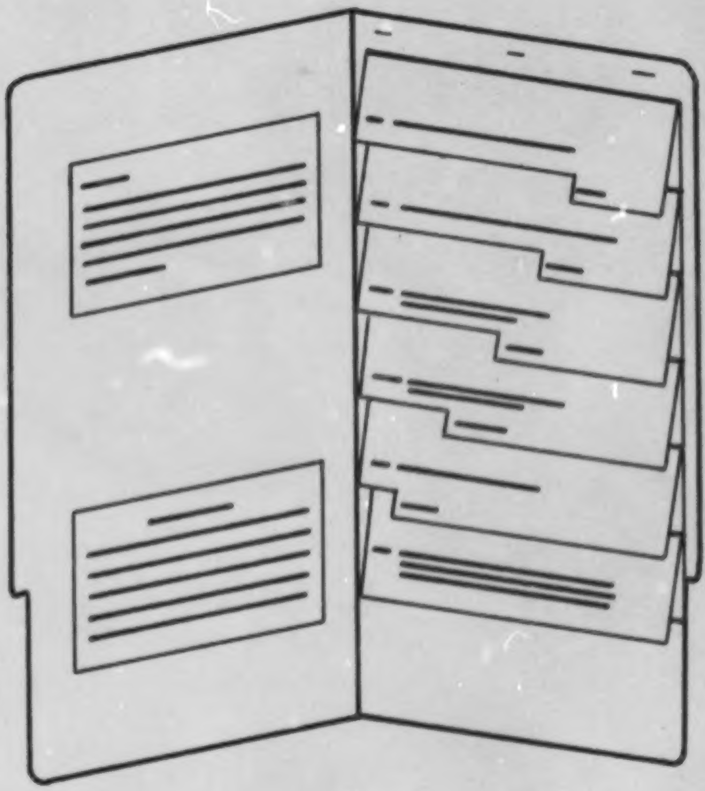
OBJECTIVE

Explain how caregivers can respond appropriately to the mealtime behaviors of young children.

LECTURE: Explain to students that many acceptable mealtime behaviors are reinforced by caregivers. Give specific examples. Diagram the child's behavior and the caregiver's response on the chalkboard. Indicate that if the event immediately following the desirable behavior is rewarding to the child, the behavior increases in frequency. Ask students to give other examples. Diagram them. Key Question: How does the principle of positive reinforcement work on unacceptable mealtime behaviors?

TAB DEVICE: Use a tab device as an independent learning activity to promote students' awareness of appropriate responses to mealtime behaviors of young children. [PREPARATION: Using a file folder, prepare a tab device. On the left side of the inside of the folder glue "Directions" and "Problem." On the right side, glue tabs with possible solutions. Underneath each tab, glue an evaluation of that choice. See illustration to the left.]

DIRECTIONS: Read the "Problem." Read all the possible solutions. Select the solution which seems best. There may be more than one good choice possible. If you do not choose an appropriate solution, you will be told why. Make another choice.



52

PROBLEM: At the lunch table four-year-old Margaret wants to pour milk out of the big pitcher for all the children. She begins doing this even before her caregiver notices. She spills milk all over the table the first time she pours. She spills less on the second try. This is when her caregiver notices. How should the caregiver respond?

SOLUTION 1: The caregiver says, "Margaret! What are you doing?" The caregiver takes away the pitcher.

EVALUATION: While this action may stop Margaret momentarily, it may startle her and cause a bigger mess. The caregiver already knows what Margaret is doing and probably does not expect an answer to the question. Choose another solution.

SOLUTION 2: The caregiver says, "Hey! I didn't tell you that you could do that! Ask me first."

EVALUATION: The child's attention is focused away from the present behavior toward the fact that she acted without permission. This response is the adult's way of reminding the child of who is boss. Choose another solution.

SOLUTION 3: The caregiver says nothing, then takes the pitcher away from the child and finishes pouring.

EVALUATION: Even without saying so, the caregiver is telling Margaret that she is incompetent. Choose another solution.

SOLUTION 4: The caregiver says, "I see that you want to pour the milk today, Margaret. Let's get a smaller pitcher for you. We can use a small pitcher every day."

EVALUATION: The caregiver acknowledged Margaret's desire to pour. At the same time, the caregiver realizes that to be successful, Margaret will need a smaller pitcher. This is a good response.

SOLUTION 5: The caregiver responds, "Look at this mess! Margaret, what's wrong with you today? You're too small to pour."

EVALUATION: The caregiver's response is definitely negative and belittling to Margaret. Choose another solution.

SOLUTION 6: The caregiver notices but says nothing and lets Margaret continue pouring. When she is done, the caregiver says, "Margaret, you poured the milk today. You can clean up the spills with some paper towels."

EVALUATION: The caregiver noticed that Margaret spilled less the second time since the pitcher was becoming easier to manage. By letting her continue to pour and take responsibility for cleaning up the mess, the caregiver communicated respect for Margaret's attempt at independence. This is a good response. In the future, the caregiver can plan to have small pitchers available at each meal. [NOTE: This teaching device can be used for other problem situations in which there are several possible solutions. If you make several tab devices, students can keep score of how many tries it takes them to choose the best solution.]

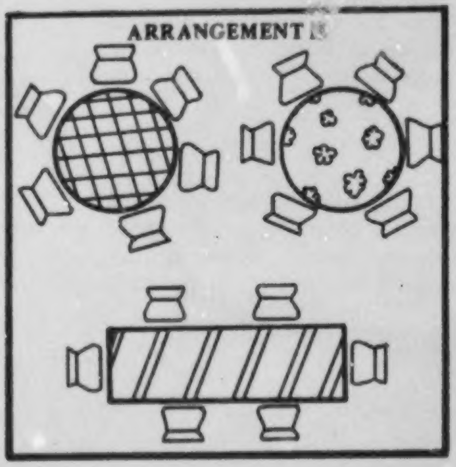
FOLDER EXCHANGE: Use folders with discussion questions to help students identify ways to respond to mealtime behaviors of children. [PREPARATION: Using a felt-tip marker, write down on the outside of several file folders mealtime behaviors of children. Some possible behaviors are: the child uses a quiet voice at the table, the child tells an interesting family story, the child says "please," the child drops a spoon on the floor, the child refuses to eat, the child uses a loud voice, the child drops the plate on the floor, etc. Inside the folders place several copies of a sheet with discussion questions such as: "In what ways can the caregiver respond to this behavior?" "Why might the child behave in this way?" "What caregiver responses might cause a change in the behavior?" "What caregiver responses would cause the behavior to continue?" Leave space for the groups to write their answers.] Divide the class into groups so that each group has a different folder. Give each group a number. Ask each group to discuss and answer the questions on the enclosed sheet. Give the students about five to 10 minutes for their discussion. After each group has discussed and answered the questions, they are to fold their sheet in half so the answers do not show, and write down their group's number on the outside. Now the groups exchange folders and repeat the same steps. When they are finished answering the questions, they can unfold and compare the answers of the previous groups to theirs. Exchange continues until each group has their first folder back.

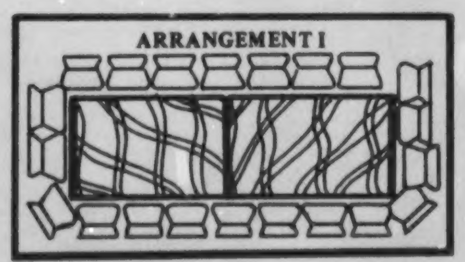
OBJECTIVE

Describe equipment, supplies, and space arrangement appropriate for children's meals and snacks.

DISCUSSION: Divide the class into small groups. Ask students to make a list of all the equipment and supplies needed for a dining area for 30 preschoolers. If possible, students might be asked to find where items can be purchased, and their costs. [NOTE: Check the lists to be sure that students include eating utensils, tables, chairs, glasses, cups, bowls, small and medium-sized plates, small pitchers, serving bowls, centerpieces, tablecloths, etc.]

DIAGRAMS: On the chalkboard, draw two diagrams which depict two types of seating arrangements and table placements. See the illustration below. Ask students to analyze the differences and decide which one would work best and why.



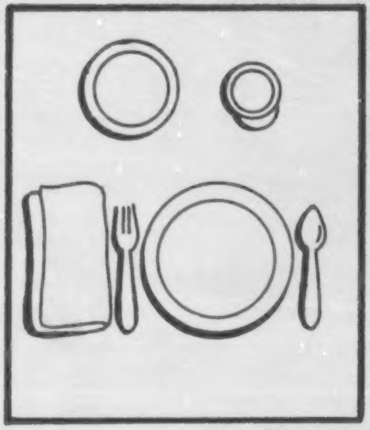


SLIDES: Make your own slides of various dining area arrangements at different centers. Show the slides and have students discuss the features, including both workable and nonworkable arrangements. Point out that in many cases, centers are doing the best they can within the limits of the physical environment.

DISCUSSION: Explain that in many centers children eat in their rooms. Discuss with the students the advantages and disadvantages of eating in the children's room and eating in a designated dining room.

DRAWINGS: Ask students to draw an eating area in a child care center. They can use their imaginations and create an environment appropriate for young children. Some students may wish to spend time constructing a model.

DEMONSTRATION: Bring to class examples of equipment needed by children at meals. For example, a small fork and spoon, a small and medium-sized plate, and small glass. Discuss the importance of the size of the items. Demonstrate the basic table setting as illustrated at the left. Discuss the importance of attractive table settings which make use of centerpieces and tablecloths.



OBJECTIVE

Discuss the differences in mealtime routines for infants, toddlers, and preschoolers.

HANDOUT: Give students a copy of the handout, p. 70, which compares mealtime routines and practices of the infant, toddler, and preschooler.

DISCUSSION: Discuss Lab Experience 13, in which students observed mealtime practices. Compare observations made to the statements in the handout mentioned above.

OBJECTIVE

Explain how the environment can be modified to accommodate comfortably the handicapped child during meals and snacks.

GUEST SPEAKER: Invite resource persons to visit the class and discuss how handicapped children can be accommodated comfortably during meals at a child care center. The guest speaker should describe the types of handicapping conditions which require special attention during meals. Focus is upon the types of handicapped children who are able to participate in child care programs. The speaker might also emphasize the importance of nutrition for handicapped children.

CASE STUDY: Read the following case to the class: Joey is a four-year-old child with cerebral palsy. He comes to the center in the afternoons. His motor skills are impaired, he uses a wheelchair, and he is able to communicate in two-word sentences. Because of his lack of fine motor skills, Joey is not able to use eating utensils. He can, however, manage to eat many foods with his fingers. Key Questions: How can caregivers help Joey during snack? What can be done to encourage Joey's independent eating behaviors? How can caregivers help Joey and the other children feel comfortable with each other?

FIELD TRIP: Visit a rehabilitation center in your community. Tell the tour guide before your visit that you wish to familiarize your students with equipment used by handicapped individuals to facilitate eating. [NOTE: It is not appropriate to visit while meals are in progress. Handicapped individuals may be sensitive to such a visit.]

Learning from Food Experiences

OBJECTIVE

Involve children in mealtime preparation, serving, and cleanup.

LECTURE: Explain to the students the reasons caregivers need to involve young children in mealtimes. Include reasons such as: children are more willing to try new foods if they have helped prepare them; they gain a positive feeling about food and eating; they develop independence; eating promotes self-esteem. [NOTE: See references at the beginning of the unit.]

DISCUSSION: Divide the class into groups. Give each group several child care center menus. Ask the students to examine the menus and list examples of how children could be involved in preparation. Groups can share their ideas.

DEMONSTRATION: Demonstrate for students several cooking experiences. Act as the caregiver and invite several students to role play children. Before the demonstration ask students to watch your behaviors and be able to describe the techniques you use to involve the children in the cooking experiences. Discuss the demonstration afterwards.

DISCUSSION: Discuss Lab Experience 14 in which students observed a meal or snack. Discuss how the children were involved.

OBJECTIVE

Explain how meals and snacks can enhance a child's total development.

DEMONSTRATION: Prepare a scrumptious snack to have ready at the beginning of class. Invite students to sample the food. Begin the class as usual. After a few minutes, stop and ask the students to notice how their feelings and attitudes about the class are different as a result of having enjoyed the food. Key Questions: How are your feelings different and why? How did the food influence your attitude about the rest of the class? Use this demonstration to help students think about the feelings and emotions associated with food.

PICTURES: Use a variety of food pictures to stimulate a discussion of the values or emotions we associate with certain foods. [PREPARATION: Prepare several picture cards with large pictures of food. For example: chocolate cake, fresh bread, buttered peas, an orange, a soft drink. Number each picture.] Show each picture to the class. Ask students to write down one word which best describes the emotional or social message that accompanies that food. After students have seen all the pictures, share the words that each associated with the different foods. Key Questions:

Why do some students have different words for one picture? How do experiences, family background, etc., influence our thinking about food? What do children learn about society through the foods we eat and the values we associate with them?

HANDOUT: Give students a copy of the handout, p. 71. Students can analyze the emotions and values often associated with foods.

CARTOONS: Collect cartoons which depict various attitudes about food, families, and children. Share these in class. Students might also be assigned to create their own cartoons reflecting humorous mealtime situations in the child care center.

DISCUSSION: Discuss Lab Experience 14 in which the students observed a meal or snack time for preschoolers. Ask students to name events they observed which fostered social and intellectual development. [NOTE: Here, intellectual development includes sensory development language, reasoning, problem solving, and math concepts.] List these examples on the chalkboard. Key Question: What are some other ways that caregivers could promote social and intellectual development through meals and snacks?

OBJECTIVE

Provide food experiences which promote children's understanding of basic food-related concepts while enhancing the child's total development.

DISCUSSION: Divide the class into small groups. Give each group a food item. For example, a piece of fruit or a vegetable, an empty milk carton, a can of salmon. Ask each group to list concepts which could be learned by young children using that food item container. Students should include concepts related to social, emotional, physical, and intellectual development. Groups can share their ideas. [NOTE: One point of this exercise is for students to realize the limitless possibilities that foods provide for learning experiences with young children.]

ACTIVITY FILES: Assign students to add to their activity files learning experiences using foods. Use the form provided, p. 35. Provide time in class for students to analyze and share their ideas.

DISCUSSION: Ask students to discuss lab experiences in which they planned and conducted food experiences with young children. Key Questions: What successful experiences did you have? What have you learned about using food experiences to promote development? How will you do things differently in the future?

POSTERS: Ask students to make a recipe poster for young children ages four and five. Give students a copy of the handout, p. 72, as an example. [NOTE: Recipes should be illustrated in a logical, easy-to-follow order. Children should be able to do most of the work without assistance. In some recipes, the caregiver may do the actual baking.] Ask students to present or demonstrate their recipes in class and explain the concepts which children might learn through the experience.

Meals and Snacks Unit Test

DIRECTIONS

For Items 1-22, select the letter of the phrase which completes the statement correctly. Place the letter in the blank next to the statement. Choose only one answer for each item.

1. ______ Two snacks plus one meal at the child care center should equal
   A. 40 percent of the RDA.
   B. 50 percent of the RDA.
   C. 60 percent of the RDA.
   D. 75 percent of the RDA.

2. ______ Joel, a caregiver new to the center, comments, "I don't see why we have to help plan the menus. I don't know anything about nutrition." Albert explains that caregivers are important in menu planning because
   A. they do not have many other job responsibilities.
   B. they are supposed to know about the RDA.
   C. directors don't always have time to plan menus.
   D. they can give input on how the children can be involved.

3. ______ Considering the guidelines for planning meals, the best lunch menu is
   A. hamburgers
   potato chips
   fruit punch
   B. chicken
   dressing
   mixed peas and carrots
   cranberry sauce
   milk
   C. beef noodle soup
   buttered rolls
   banana pudding
   milk
   D. roast beef
   baked corn casserole
   broccoli and cheese casserole
   rolls
   apple crisp
   milk

4. ______ The temperature range for foods which is the most dangerous is
A. below 32° F.
B. between 32° F. and 45° F.
C. between 45° F. and 140° F.
D. above 212° F.

5. ______ Melissa has just returned with groceries for this week's menu. She has fresh fish, fresh lettuce, fresh beans, and milk. The food item which can be refrigerated safely only one day before using is/are the
A. beans.
B. fish.
C. lettuce.
D. milk.

6. ______ The caregiver who is using sanitary preparation methods in preparing the snack is
A. Laura. Laura first gets a table knife out of the drawer, taking it by the handle. Using a clean work surface, she spreads peanut butter on the toasted muffins, then a dot of jelly. She licks the excess peanut butter off her fingers, then arranges the muffins on a tray.
B. Martin. Before beginning Martin scrubs his hands with soap and water and dries them with a paper towel. He arranges his cooking supplies on a clean counter. He cracks the eggs in the bowl and scrambles them. He adds a dash of pepper which makes him sneeze. He covers his nose just in time. He notices a shell in the eggs and uses his fingers to remove it. After melting butter, Martin proceeds to cook the eggs.
C. Alice. After washing her hands, Alice prepares banana frosties in the blender. She peels the bananas and slices them into a bowl. She adds ice to another bowl using tongs. Using clean measuring spoons, Alice adds the other ingredients to the bananas. Into the blender she spoons the bananas and ice, then mixes. She holds the glasses by the base when she removes them from the cabinet. Then she pours the frosties into the glasses and serves them.
D. Neill. After washing his hands, Neill cuts cheese into slices, using a clean knife. He next cuts and cores four apples. He notices that his adhesive bandage is getting wet and removes it before arranging the cheese and apple slices on the dishes.

7. ______ Food poisoning from a bacteria found in spoiled canned foods is
A. salmonella.
B. botulism.
C. clostridium.
D. staphylococcus.

8. ______ In the child care setting, meals served family style feature
A. the children and caregivers eating with the parents.
B. food served on lunch room trays by the food service staff.
C. the siblings in a family eating at the same table.
D. foods served in bowls from which the children and adults serve themselves.

9. ______ To promote a positive mealtime atmosphere, a caregiver would *not*
A. urge children to eat all of their food.
B. model table manners.
C. allow the children to talk.
D. encourage children to try a new food.

10. ______ If a child refuses to eat a certain food, the caregiver should
A. give the child a food that is preferred instead of the disliked food.
B. promise the child a treat if the food is eaten.
C. encourage the child until the food is eaten.
D. say nothing.

11. ______ If a caregiver dislikes a certain food, the caregiver should
A. not eat that food and hope the children don't notice.
B. try a small portion and tell the children you are learning to like the food.
C. eat a serving portion and tell the children it is delicious.
D. give the portion to a child who likes the food.

12. ______ At the lunch table four-year-old Marcy is playing with the food on her plate. She has already eaten some of her food. The caregiver responds appropriately by saying,
A. "Marcy, you can't leave the table until all your food is gone, so quit playing and eat."
B. "I'll take your plate now, Marcy."
C. "Marcy, when you are ready, you may go and play in the puzzle center."
D. "Marcy, we don't play with food at the table."

13. ______ At the lunch table Randy passes the bread to June and says, "You're welcome" to her "Thank you." The caregiver responds with a smile and says, "You were being helpful, Randy, when you passed the bread. That's nice." Here, the caregiver illustrates the use of
A. positive reinforcement.
B. negative reinforcement.
C. physical guidance.
D. individual guidance.

14. ______ Children benefit from learning how to set the table properly because it
A. impresses the parents.
B. promotes cognitive development.
C. is an important social skill.
D. encourages good nutrition.

15. ______ Table-setting equipment not appropriate for the child care center includes
A. butter knives.
B. small spoons and forks.
C. salt and pepper shakers.
D. cups with handles.

16. ________ When feeding infants, caregivers can promote self-feeding by
A. providing appropriate finger foods.
B. giving infants a spoon to eat with when they are three months old.
C. feeding the infant all the food served.
D. not permitting infants to touch their food with their hands.

17. ________ Infants and young toddlers should not be given foods like nuts, popcorn, raw carrot slices, or chips because these foods
A. are not nutritious.
B. belong to the Fats and Sweets food group.
C. may crack the newly emerging teeth.
D. may cause choking more easily than other foods.

18. ________ A caregiver can help make the blind child comfortable at meals by
A. serving the child's plate.
B. placing utensils and the place setting in the same positions at each meal.
C. letting the child eat with the caregiver each meal.
D. feeding the child before the others come in to eat.

19. ________ In preparing a beef stew, five-year-old children could be involved in
A. cutting vegetables.
B. measuring and pouring.
C. browning the meat.
D. all of these activities.

20. ________ It is important to involve children in all aspects of meal preparation because
A. they learn how foods are changed through preparation.
B. it relieves the kitchen staff of many pressing duties.
C. it's an easy way for caregivers to keep the children occupied.
D. it is required by state licensing standards.

21. ________ Many foods have values and feelings associated with them. These values are
A. taught by instruction to children.
B. usually associated with unpleasant experiences.
C. always different between two individuals.
D. learned from one's cultural group.

22. ________ The three-year-olds are preparing artichokes for snack. They help wash the vegetables and place them in the steamer. They learn to eat the artichoke leaves after dipping them in butter. From this experience, the children learn the concept that
A. artichokes belong to the Vegetable and Fruit Group.
B. artichokes are rich in vitamin A.
C. sometimes only a part of the plant is eaten.
D. some vegetables cost more than others.

DIRECTIONS

For Items 23-25, write a short essay.

23. What are the advantages and disadvantages of family-style meals?

24. Explain how food experiences could promote motor development.

25. Give an example of a food experience for young children. Identify all the concepts that may be learned by the children as a result of the experience.

Transparency and Handout Masters

PAGE TITLE

59 Guidelines for Planning Menus in a Child Care Center

61 Menu Planning Guide for Child Care Centers (completed form)

62 Menu Planning Guide for Child Care Centers (blank form)

63 Proper Storage Time

64 Food Temperatures

65 Check List of Sanitary Food Preparation Methods

66 Family-Style Meals

67 Positive Mealtimes Board Game

70 Mealtime Practices in a Child Care Setting

71 Food Associations

72 Raisins, Bananas, & Yogurt

Guidelines for Planning Menus in a Child Care Center

When planning menus for the child care center, be sure to consider:

1. The Nutritional Needs of Children.

   One meal plus two snacks should equal 50 percent of the RDA.
   Select a wide variety of foods from the first four food groups.
   Serve no more than two sources of high-protein foods each day.
   Provide a source of vitamin C each day.
   Provide a source of vitamin A every other day.
   Provide foods with iron.
   Provide foods with fiber.
   Serve whole-grain foods.
   Include at least two cups of milk each day.

2. Involving Parents, Caregivers, the Director, and a Dietitian.

   Work together in planning sessions.
   Meet at least four times a year to plan cycle menus.

3. Local Dietary Customs.

   Feature foods familiar to the children.
   Serve foods representative of local cultures.

4. New Foods.

   Plan for a new food in each cycle.
   Introduce in small portions along with a favorite food.

5. Ways to Involve the Children.

   Shopping
   Preparation
   Serving
   Cleanup

6. Available Resources.

   Preparation time
   Oven space
   Refrigerator space
   Number of food service personnel
   Funds

7. Food Combinations.

   Serve foods at a variety of temperatures.
   Serve foods in a variety of textures.
   Serve foods in a variety of colors.
   Serve moist foods with dry foods.
   Serve mildly flavored foods, using spices sparingly, using little salt.

8. Food That Can Be Prepared from Scratch.

   Avoid convenience foods.
   Use fresh foods whenever possible.
   Make basic mixes ahead.

9. Special Requirements of the Funding Agency.

Menu Planning Guide for Child Care Centers

Menu Cycle Number: ______________________________

Week of: ______________________________

Note: Items in ( ) are major ingredients within a dish named.

		Meat and Legumes	Bread and Cereal (include whole-grains)	Vegetable and Fruit (include vitamin A & C)	Milk and Milk Products	Fats and Sweets
MONDAY	Snack	peanut butter		celery	glass of milk	
	Lunch	tuna casserole	(noodles)	green peas, orange & banana salad	(milk, mushroom soup)	butter
	Snack		whole-wheat toast		cheese	
TUESDAY	Snack			bananas & raisins	yogurt	
	Lunch	baked chicken	rolls	turnip greens, boiled potatoes	glass of milk	butter
	Snack	bean spread	unsalted tortilla chips	apple juice	cheese	
WEDNESDAY	Snack			orange wedges		
	Lunch	liver	rice	green bean casserole, tomato wedges, peach slices	(milk, cheese topping) glass of milk	
	Snack		crackers		cheese	
THURSDAY	Snack			apple wedges	glass of milk	
	Lunch	chicken & almonds	½ slice bread	pineapple steamed broccoli	glass of milk	
	Snack		oatmeal cookies			(sugar, shortening)
FRIDAY	Snack		dry toasted oat cereal, unsweetened	½ cup orange juice		
	Lunch	beans & ground meat	corn bread	tossed salad (lettuce, tomato, cauliflower)	glass of milk	salad dressing
	Snack			carrot sticks	cottage cheese dip	

Menu Planning Guide for Child Care Center

Menu Cycle Number: ____________________________________

Week of: ____

		Meat and Legumes	Bread and Cereal (include whole-grains)	Vegetable and Fruit (include vitamin A & C)	Milk and Milk Products	Fats and Sweets
MONDAY	Snack					
	Lunch					
	Snack					
TUESDAY	Snack					
	Lunch					
	Snack					
WEDNESDAY	Snack					
	Lunch					
	Snack					
THURSDAY	Snack					
	Lunch					
	Snack					
FRIDAY	Snack					
	Lunch					
	Snack					

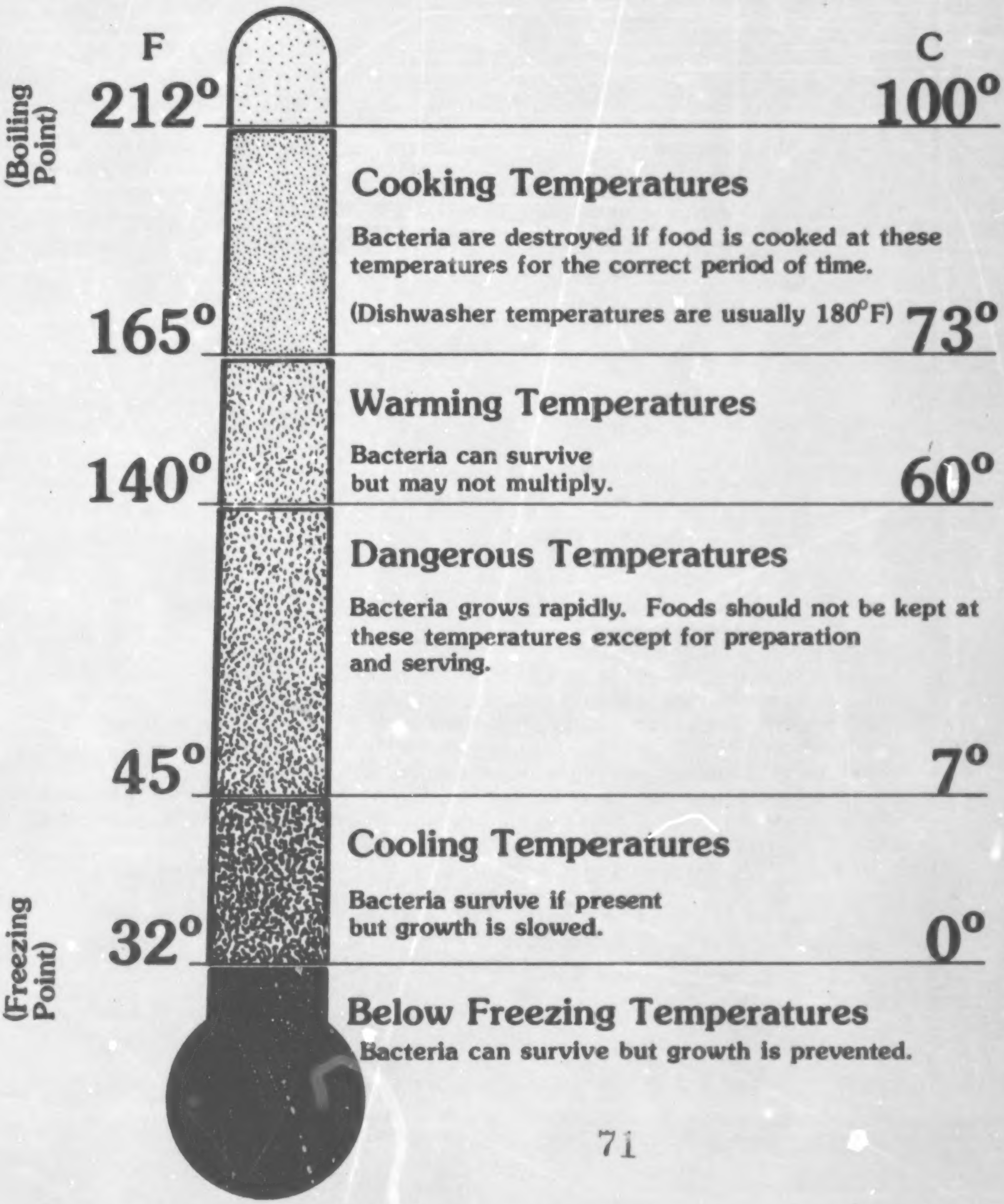
Proper Storage Time

DIRECTIONS: Match the foods listed on the left with the number of days that the food can be stored. Write the number of days in the blank to the left of the foods.

FOOD	NUMBER OF DAYS
____ 1. Milk	1
____ 2. Eggs	2
____ 3. Fish	3
____ 4. Lettuce	5
____ 5. Beef roast	7
____ 6. Hard cheese	14
____ 7. Chicken	21
____ 8. Citrus fruits	35

Remember that foods should be prepared and served before the storage time is over. Nutrients can be preserved and spoilage prevented if these guidelines are followed. Foods must be stored properly. For example, many fresh foods must be stored in the refrigerator. Some foods are stored in cool, dry places, such as potatoes and onions. Some foods must be tightly covered. In the refrigerator, foods such as fish are tightly covered to prevent odors. For fruit juices, a tight cover preserves nutrients. In cabinets or bins, tight covers keep bugs out of flour or corn meal. Fresh meats are stored in the refrigerator with loose wrappings that allow air to circulate around the meat.

Food Temperatures


F
C
(Boiling Point)
212°
100°
165°
73°
140°
60°
45°
7°
(Freezing Point)
32°
0°

Cooking Temperatures

Bacteria are destroyed if food is cooked at these temperatures for the correct period of time.

(Dishwasher temperatures are usually 180°F)

Warming Temperatures

Bacteria can survive but may not multiply.

Dangerous Temperatures

Bacteria grows rapidly. Foods should not be kept at these temperatures except for preparation and serving.

Cooling Temperatures

Bacteria survive if present but growth is slowed.

Below Freezing Temperatures

Bacteria can survive but growth is prevented.

Check List of Sanitary Food Preparation Methods

DIRECTIONS: Rate the performance of each behavior by placing a 2,1, or 0 in the column to the right.

2 = Done consistently
1 = Done sometimes
0 = Not done

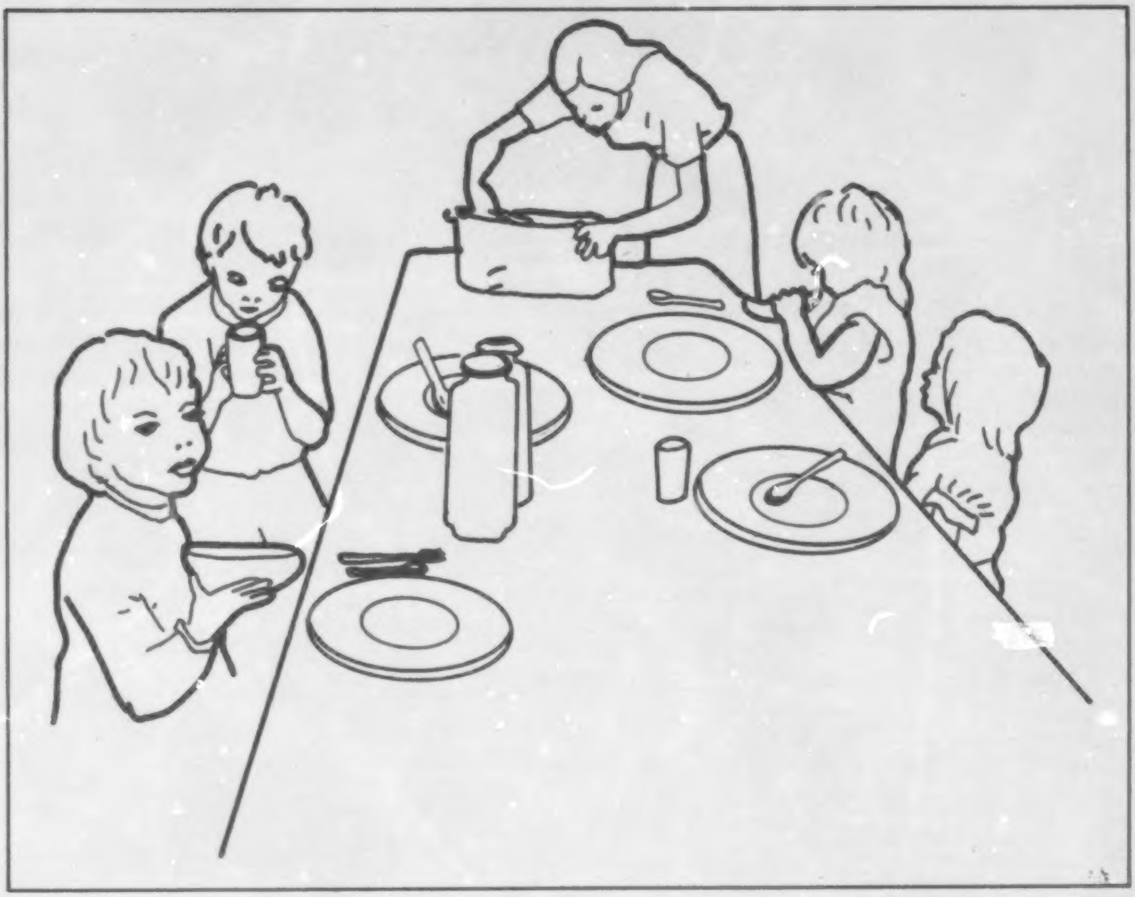
BEHAVIOR RATING

1. Checks foods before buying at the store or on delivery from the wholesaler for signs of spoilage. _______
2. Stores all foods properly and promptly. _______
3. Is personally well-groomed. _______
4. Wears a clean apron each day. _______
5. Keeps hair covered. _______
6. Washes hands before handling foods. Uses soap and water, a brisk scrubbing motion when washing, and a fresh paper towel for drying. _______
7. Uses sterile plastic or rubber gloves when there is a cut on the hand. _______
8. Coughs or sneezes away from foods, covering mouth and nose; washes hands afterwards. _______
9. Washes hands after using toilet, sneezing, coughing, or smoking. _______
10. Avoids touching face, mouth, nose, or hair while preparing foods. _______
11. Avoids licking fingers while preparing food. _______
12. Uses a separate spoon for tasting; washes that spoon before using again. _______
13. Avoids preparing food when ill. _______
14. Uses clean utensils to prepare and serve foods. _______
15. Picks up glasses at the base without touching the rim. _______
16. Picks up silverware and utensils by handles. _______
17. Keeps work surfaces clean. _______
18. Avoids smoking while preparing foods. _______

TOTAL RATING _______

36-34 A safe food service worker.
33-28 A potentially dangerous food service worker.
27- 0 A dangerous food service worker.

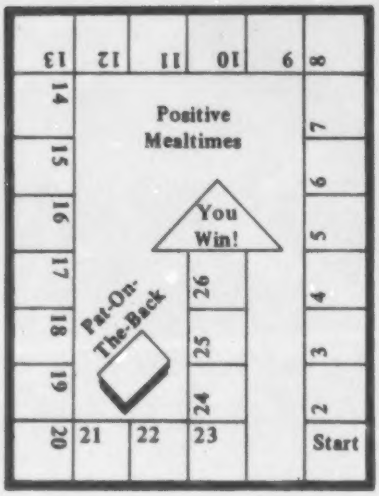
Family-Style Meals



Advantages

Disadvantages

Positive Mealtimes Board Game



DIRECTIONS:

1. Make the game board similiar to the one in the illustration. Use a 28" X 22" sheet of poster board. Each playing square is approximately 3½" X 3½". Do not copy the numbers.
2. Cut out the playing square labels on page 69 and glue to the appropriate square.
3. Make the Pat-on-the-Back cards out of notecards or poster board. Cut out the labels provided and glue on the cards.
4. Make markers using the character patterns provided (p. 68).

TO PLAY THE GAME:

1. Five students can play. Let each one select a character to use as a marker.
2. Roll one die to advance the players.
3. Players read the caption on the playing square where they land. If the players have to move forward or backward, they ignore the caption on the square to which they move. They will begin from that square on the next turn.
4. Return Pat-on-the-Back cards to the bottom of the stack after they have been read.
5. The first player to reach the arrowhead is the winner.

LABELS FOR PAT-ON-THE-BACK CARDS

You will soon receive: The latest edition of *Everything you Wanted to Know About Vitamins But Were too Unlettered to Ask!*	THIS CARD IS GOOD FOR: A three-day vacation to OKLAHOMA!!!	THIS CARD IS GOOD FOR: Six free gourmet cooking LESSONS
THIS CARD IS GOOD FOR: A 100-tablet bottle of Super Pep Vitamins!	FREE TRIP TO *The Dentist of Your CHOICE*	YOU HAVE WON! A Lifetime Membership to your local Health Spa
GOOD For: One Sure Fine Orange Juicer PLUS 600 Oranges	You can take a NAP every day this week!	YOUR CHOICE: *Smile* *Hug* *Kisses* From the child of your choice!

A

Fresh Fruit Basket

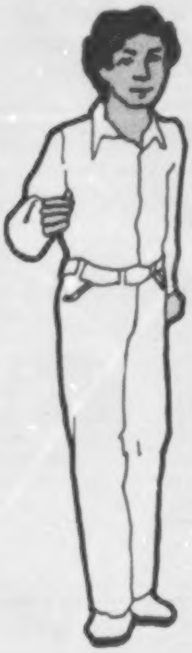
will be delivered to

YOU

You will be presented
with a
Certificate of Appreciation
from the local
health department.

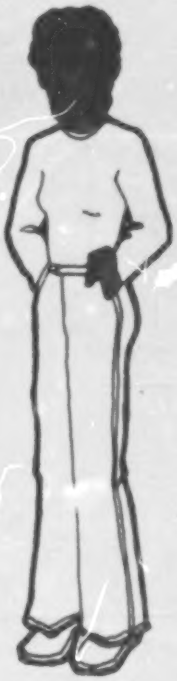
YOU WILL RECEIVE
A triple-action
Exercise bike along with the
"You Can Do It"
pep-talk recording

DIRECTIONS
Use these characters as markers for the Positive Mealtimes Game. Cut out, color, and mount on poster board.



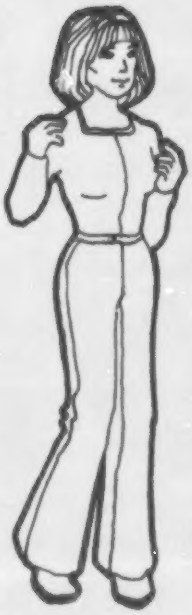
Todd Terrific

(Teaches twos and loves it!)



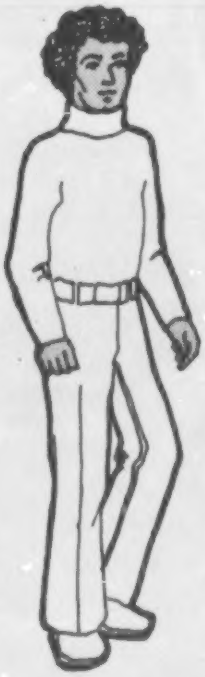
Sara Saveit

(Has never thrown away an egg carton in her life!)



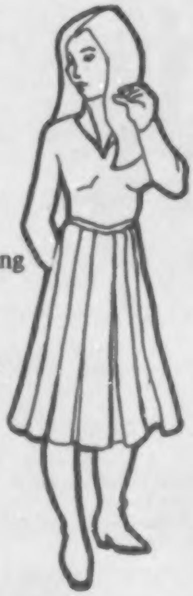
Heather Healthier

(Uses whole-wheat flour to make her playdough!)



Pete Potter

(Former training manager at a plumbing company—learning about the real business end as a toddler caregiver!)



Clara McClean

(Bacteria flee her room in terror!)

1. START

2. You have a positive attitude about mealtimes.

MOVE AHEAD 1 SPACE

3. You involve the children in meal preparation.

TAKE ANOTHER TURN

4. You told a child that if she didn't eat her food, she wouldn't grow up to be president.

MOVE BACK 3 SPACES

5. (Leave Blank)

6. You didn't get your feelings hurt when none of the children liked your eggplant and sour cream dip for snack.

TAKE A PAT-ON-THE-BACK CARD

7. You tried to rush the toddlers through lunch.

LOSE A TURN

8. You ate your liver and spinach with a smile on your face.

TAKE A PAT-ON-THE-BACK CARD

9. You think it is a developmental milestone when two twelve-month-olds practice pouring their milk–on the floor!

MOVE AHEAD 2 SPACES

10. Preschool children helped prepare the meal.

TAKE A PAT-ON-THE-BACK CARD

11. (Leave Blank)

12. You forbid the four-year-olds to talk at the table.

LOSE A TURN

13. You participated in an informal mealtime conversation about how fish live under water.

TAKE A PAT-ON-THE-BACK CARD

14. You told a toddler who washed the doll clothes in the pot that he couldn't have snack.

MOVE BACK 3 SPACES

15. You encourage good table manners because you are a good model.

TAKE A PAT-ON-THE-BACK CARD

16. (Leave Blank)

17. You scolded a child for spilling a drink.

LOSE A TURN

18. You frowned at an infant playing with food.

MOVE BACK 1 SPACE

19. You participated in a staff meeting to plan positive mealtime routines.

MOVE AHEAD 2 SPACES

20. You lost your temper when a toddler dropped a plate full of food.

LOSE A TURN

21. Panic! Only 3 M & Ms left from the three-pound bag you brought this morning. What will happen to positive reinforcement?

MOVE BACK 3 SPACES

22. (Leave Blank)

23. You stood by and watched! The preschoolers ate their dessert first–before the meat loaf!!

TAKE A PAT-ON-THE-BACK CARD

24. You compared a slow-eating child to the other children who were already finished.

LOSE A TURN

25. You stopped feeding an infant who signaled "enough."

MOVE AHEAD 2 SPACES

26. You told the children who finished early to sit still and wait for the slower eaters.

MOVE BACK 2 SPACES

Mealtime Practices in a Child Care Setting

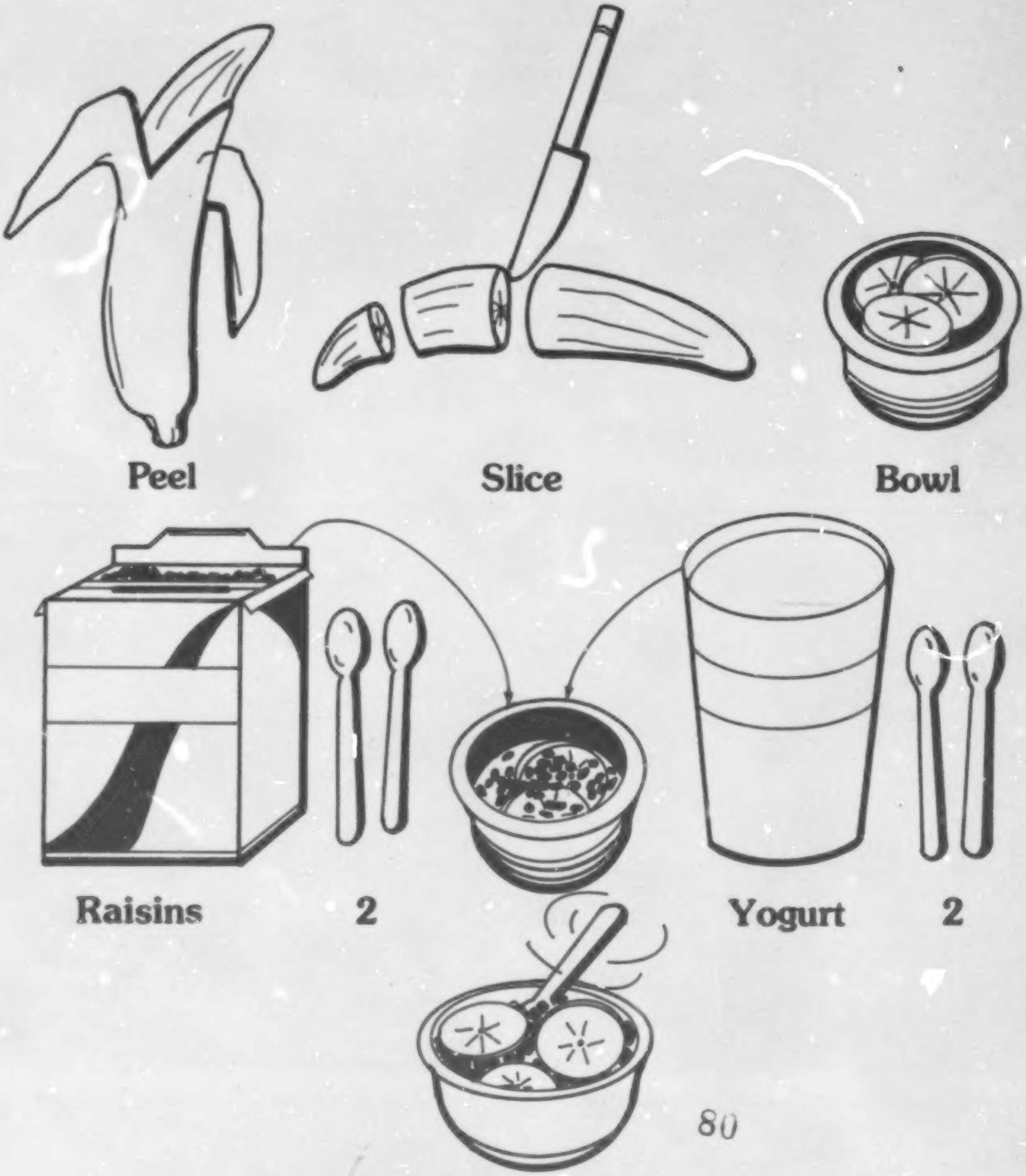
INFANT	TODDLER	PRESCHOOLER
Flexible feeding schedule; eats more frequently	Scheduled meals and snacks	Scheduled meals and snacks
Fed with caregiver's assistance	Self-feeding, occasional assistance	Self-feeding
Fed individually	Eats with the group, family-style with some dishes	Eats with the group family-style
Sits in an infant seat, high-chair, or feeding table	Sits at a low table with child-sized chairs	Sits at a low table with child-sized chairs
Drinks liquids from a bottle while held by the caregiver	Starts to use a cup	Uses a cup or glass well
Learns to swallow and chew; strong sucking response	Can chew and swallow; may not chew well	Chews food well
Uses fingers in feeding self	Learning to use a spoon	Uses spoon or fork well
Foods are pureed	Foods are served in small bits	Foods are bite-sized
Eats small portions	Appetite may fluctuate	Appetite may fluctuate; goes on eating sprees
Eats some finger foods	Enjoys finger foods	Enjoys finger foods
New foods introduced one at a time	Eats a variety of foods except foods which can cause choking	Eats a wide variety of foods
Prefers mildly flavored foods; foods are kept separate	Increases preferences for different flavors; enjoys some food combinations.	Can eat most foods enjoyed by adults

Food Associations

We use food to express many attitudes and emotions. The words listed below are often associated with food. Describe how each association might develop in the young child. The association of food to love is done as an example.

ASSOCIATION	HOW THE ASSOCIATION DEVELOPS
Love	A child's needs for food are satisfied by a loving adult. We show love when we give food. We receive love when we are given food.
Autonomy	
Comfort	
Fear	
Excitement	
Reward	
Punishment	
Friendship	
Rejection	

Raisins, Bananas & Yogurt


Peel
Slice
Bowl
Raisins
2
Yogurt
2

80

STIR & EAT

Performance Objectives Safety Unit III

Safety in the Environment

- Summarize state, local, and funding agency guidelines regarding safety in the child care center.
- Arrange and maintain both indoor and outdoor environments for safety.
- Store potentially hazardous equipment and supplies properly.
- Recognize and remove poisonous plants from the child care environment.
- Prepare and use a child care center safety check list daily, monthly, seasonally.
- Explain fire prevention procedures in the child care center.

Safety in Interactions

- Observe children's play indoors and outdoors for safety hazards.
- Model and guide children in the safe use of equipment.
- Guide the children in following simple safety rules.
- Recognize and report signs of child abuse or neglect.

Emergencies and First Aid

- List first aid supplies that should be on hand at the child care center.
- Demonstrate how to care for minor injuries to a child.
- Explain procedures to follow in the case of a serious accident.
- Explain procedures to follow for recording accidents and injuries.
- Discuss the importance of being familiar with emergency care procedures when caring for children with special needs.
- Explain procedures for fire evacuation.
- Explain safety practices to observe during a severe weather alert.

References

SAFETY IN THE ENVIRONMENT

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Conger, Flora S., and Rose, Irene B. *Child Care Aide Skills* (Chapter 13).

Evans, E. Belle, et al. *Day Care: How to Plan, Develop, and Operate a Day Care Center.*

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When You Care for Children.

Young, Leontine. *Wednesday's Children: A Study of Child Abuse and Neglect.*

EMERGENCIES IN FIRST AID

American National Red Cross. *Basic First Aid.*

American National Red Cross. *Standard First Aid and Personal Safety.*

Arena, Jay M., and Bachar, Miriam. *Child Safety Is No Accident: A Parents' Handbook of Emergencies.*

Green, Martin. *A Sigh of Relief: The First Aid Handbook for Childhood Emergencies.*

O'Brien, Marion, et al. *The Toddler Center* (Appendix D).

Pescar, Susan. *First Aid for Kids.*

Rubin, Clifford L. *Emergency Baby First Aid: Newborn to Age Three.*

Shiller, Jack G. *Childhood Illness and Childhood Injury.*

Southwest Educational Development Laboratory. *Child Health and Safety Series.*

AUDIOVISUALS

After the Ouch.

Child Abuse: A Perspective on Being a Parent.

Children at Play with Poison.

"Childsafe" Slide Show.

A Conversation with Helen.

Smith, Tom. *First Aid and Safety: Poisoning.*

Smith, Tom. *First Aid: Bleeding and Shock.*

Texas Department of Human Resources. *Child Health and Safety Series.*

Texas Department of Human Resources. *The Wednesday Children.*

Suggested Classroom Experiences

Safety in the Environment

OBJECTIVE

Summarize state, local, and funding agency guidelines regarding safety in the child care center.

TAPE RECORDING: Use a tape recording as an individualized learning activity. [PREPARATION: Record a set of study questions with answers on the state, local, or funding agency guidelines for safety. Provide students with copies of the guidelines. These can be obtained from the local licensing office.] The student listens to a question and answer after researching the guidelines. The tape is played again for the student to hear the correct answer.

CHECK LIST: Ask students to prepare a check list of what must be done when a center is applying for a license in the area of safety. Key Questions: What happens if the center is unable to meet one of the requirements? Should exceptions be made?

PANEL DISCUSSION: Invite several child care center directors who helped open their centers to participate in a panel discussion on safety. Ask each one to describe how the center was made safe. They should also discuss what safety practices they follow because of state, local, or funding agency guidelines. Have the students prepare questions for the panel members ahead of time.

OBJECTIVE

Arrange and maintain both indoor and outdoor environments for safety.

TRANSPARENCY: Show the transparency p. 92, of the four basic principles of safety in the environment. Key Question: What examples can you give to illustrate these principles?

DEMONSTRATION: Use an example of an unsafe environment to provide students practice in observing for safety hazards. [PREPARATION: Before students arrive in the classroom, place some unsafe items around the room. For example, a hot cup of coffee on the edge of the desk, small objects on the floor, a puddle of water, a broken toy.] After students arrive, challenge them to find and write down every unsafe condition in the room.

LECTURE: Research and share information with the class about the U.S. Consumer Products Safety Commission. Discuss the work of the commission and how it goes about checking for safety in children's toys and clothing. Provide examples of printed materials distributed by the commission. [NOTE: Write to U.S. Consumer Products Safety Commission, Washington, D.C. 20207. Other sources of printed materials are the National Safety Council, 444 N. Michigan Avenue, Chicago, Illinois 60611 and the Public Affairs Commission, 22 East 38th Street, New York, New York 10016.]

GUEST SPEAKER: Invite a safety or building inspector to visit with the class about structural safety. Ask the speaker to describe what inspectors look for when they examine a building. The speaker should also comment on what caregivers can observe and report on building safety.

FELT BOARD: Use felt board furniture models to diagram traffic flow in the child care environment. [PREPARATION: Using felt or Pellon, make some scale furniture models for your felt board. Include bookcases, room dividers, tables, chairs, cabinets, cubbies, etc., for indoors. Include climbing apparatus, swings, sidewalks, trees, sand box, etc., for outdoors. Also cut out several arrows for indicating direction of traffic flow.] Discuss with students the importance of arranging the environment so that the traffic flow around the environment is safe. Illustrate safely arranged and poorly arranged indoor and outdoor environments. [NOTE: Traffic areas should be clear and free of toys and equipment. Outdoor equipment must be spaced adequately so that traffic does not pass within the playing zones of the equipment.]

TRANSPARENCY: Show the transparencies, pp. 93-97, on nine playground equipment dangers identified by the Consumer Products Safety Commission. [NOTE: These materials were adapted from "Toward a Safer Playground" by Deborah M. Gordon in *Day Care and Early Education*, Fall, 1981.] In addition, the commission has identified asphalt and concrete as unsuitable protection against the impact of falls. Loose fill materials such as pea gravel, shredded bark, or wood chips (at least six inches deep), are preferable. Ask students to share playground equipment dangers they have observed. Key Question: What can caregivers do to promote safety when playgrounds have less than desirable equipment or arrangement?

OBJECTIVE

Store potentially hazardous equipment and supplies properly.

DISPLAY: Bring to class a collection of potentially hazardous equipment and supplies often found in the child care center. You may ask students, prior to the class, to bring some of the items. Examine each item and discuss how it could harm children if accessible to them. [NOTE: Some items that might be displayed are cleaning solutions and chemicals, knives, pointed scissors, medicines, office supplies.] Have students read any warning labels on products. Key Questions: How can children be protected from these items? How are these items stored at the child care center?

TRANSPARENCY: Show the transparency, p. 98, which shows a toddler climbing up to a locked cabinet. Point out to the students that the safest way to store hazardous materials is under lock and key. Key Question: Why is this way of storing hazardous materials the safest?

OBJECTIVE

Recognize and remove poisonous plants from the child care environment.

DEMONSTRATION: Give students examples of poisonous plants and photographs to study. [PREPARATION: Visit a local plant nursery and ask to collect some leaf and stem samples from poisonous plants. Seal samples in locking plastic bags and keep refrigerated until taken to class. Label each sample with the name of the plant and a description of the poisoning symptoms. Make a special notation on those plants which may be fatal. Take pictures of the plants so students can identify the plants as they grow. See references at the beginning of the unit.] In class let the students examine the samples and photographs. They may make sketches of the samples in their notes with appropriate supporting information.

JOURNAL: Ask students to keep a log for one week of all the poisonous plants they notice. They should note the location of the plants observed. Key Question: How many of the plants noticed were accessible to children?

OBJECTIVE

Prepare and use a child care safety check list daily, monthly, seasonally.

CHECK LIST: Divide the class into small groups. Ask each group to prepare a safety check list. First, list items that must be done daily or as needed (for example, spills are mopped up promptly), then list monthly, and seasonal items. Have one of the groups write down their list on the chalkboard. Let other groups make changes or additions. Using the form, p. 99, have each student record the items to be checked. There should be one list each for daily, monthly, and seasonally.

DISCUSSION: Ask students to share their experiences in using the safety check list associated with Lab Experience 24. On the chalkboard make note of the most commonly observed problems.

OBJECTIVE

Explain fire prevention procedures in the child care center.

POSTERS: Use a series of posters to illustrate various fire prevention procedures. [PREPARATION: Prepare illustrated posters for each of these fire prevention procedures: using fire extinguishers and smoke alarms, keeping matches out of the reach of children, storing hazardous supplies properly away from flames, having gas and heating systems checked, removing refuse, using electrical equipment properly, and using the kitchen properly.] Display posters, and discuss each prevention measure.

DEMONSTRATION: Demonstrate the use of a fire extinguisher if possible. Let students go through the motions of using a real fire extinguisher and explain verbally what they are doing. Show students the various types of fire extinguishers, and explain the operation procedures.

REPORTS: Ask students who are interested to research the use of smoke alarms. Key Questions: Why were smoke alarms invented? What types are available? Which would be most suitable for a child care center? How should they be checked once installed? How has the use of smoke alarms saved lives?

ACTIVITY FILES: Ask students to develop several experiences which would help young children understand fire safety. They may use the Experience Plan form, p. 35. Provide time in class for students to exchange ideas.

DEMONSTRATIONS: Ask students to demonstrate an experience they have planned for teaching young children fire safety. Some students might play the role of children if needed for the demonstration.

Safety in Interactions

OBJECTIVE

Observe children's play indoors and outdoors for safety hazards.

HANDOUT: Give students a copy of the handout, p. 100, which lists signals for when accidents are more likely to occur. Key Question: When a caregiver notices one of these signals, what should be done?

TRANSPARENCY: Show the transparency, p.101, on zone supervision of the outdoor play area. Point out to students where the caregivers are situated. Key Questions: Why should caregivers spread out to supervise the children? What common caregiver behaviors on the playground are unsafe? What other advantages to zone supervision can you name?

OBJECTIVE

Model and guide children in the safe use of equipment.

PICTURES: Divide the class into small groups. Provide each group with several equipment cards. [PREPARATION: Use catalogs to find pictures of equipment or toys commonly used indoors by infants, toddlers, and preschool children. Cut out and mount on large notecards. For example, cut out pictures of blocks, a water play table, stringing beads, rattles, crib gyms, indoor wheel toys, scissors.] Ask each group to write down on each card guidelines for the safe use of the item pictured. Include how caregivers could guide children or model the safe use of that item. Groups then share their cards.

DISCUSSION: Use the inner and outer circles discussion technique to discuss the following open-end sentence: Equipment that might be used with young children only under the direct guidance of a caregiver is ____________. Students should give specific examples and explain how the equipment could be used safely. [NOTE: The inner and outer circles discussion is conducted by dividing the class into two groups and arranging them in circles. The inner circle is surrounded by the outer. Give students the question or statement to be completed. The inner circle discusses the question for four minutes while the outer circle listens. Groups change places and the second group discusses the question, commenting upon remarks made by the first group. If needed, the first group can return to the inner circle and rebut any comments made by the second group.]

HANDOUT: Give students a copy of the handout, pp. 102-103, on safe use of outdoor equipment. Key Question: How would a caregiver guide the children in following these guidelines? [NOTE: These guidelines are from "Toward a Safer Playground" by Deborah M. Gordon in *Day Care and Early Education*, Fall, 1981. They are meant to guide the caregivers in supervising play. Children need much simpler rules.] Ask students to prepare similar guidelines for other types of outdoor equipment.

OBJECTIVE

Guide the children in following simple safety rules.

POSTER: Ask students to prepare a safety rule poster for indoor play and one for outdoor play. Rules should be stated in positive terms using simple language. It is important that rules are illustrated in some way. Rules should be kept to a minimum. In class let students share their posters. They may demonstrate how they would discuss or introduce the poster to young children.

DEMONSTRATION: Ask students to demonstrate how they would involve young children in the process of making safety rules for the group. [NOTE: It has been shown that children are more likely to observe rules if they are involved in establishing the rules.]

OBJECTIVE

Recognize and report signs of child abuse or neglect.

LECTURE: Cite the laws regarding the rights and protection of children. Include the laws regarding the reporting of suspected child abuse or neglect.

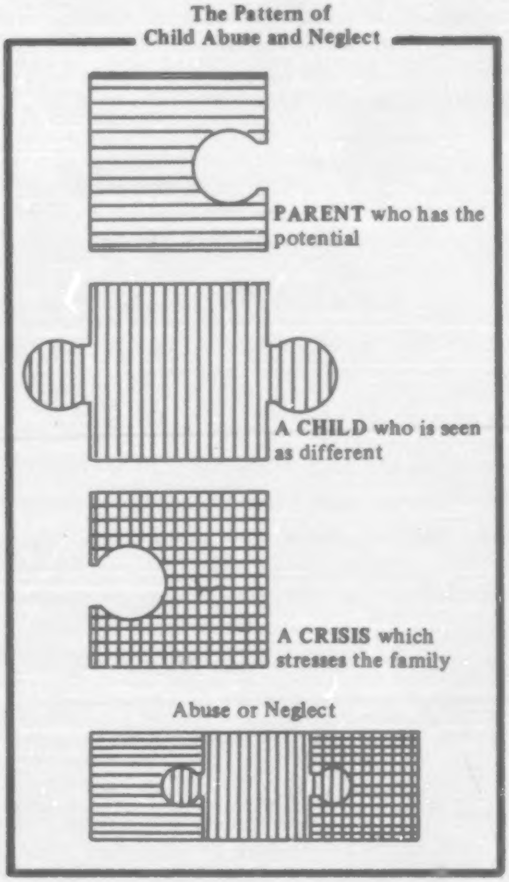
HANDOUT: Give students a copy of the handout, p. 104, which lists signs of possible abuse or neglect. Discuss with the students the importance of caregivers documenting their observations. In this way, a pattern will be more obvious. Ask students to fill in the reporting phone number(s) for their city, region, or state.

REPORTS: Ask students to research current literature for descriptions of child abuse or neglect cases. Students report the case in class, giving as many facts as possible. Lead the class in discussing the circumstances of each case. Key Questions: What are some underlying causes of this case? What effects will this have on the child? How can the family be helped? What resources are available in your community that might be used by such a family? [NOTE: Students need to realize the complexity of the child abuse cycle. There are no easy answers.] Emphasize that parents who abuse need help, not blame.

GUEST SPEAKER: Invite a caseworker from the local child welfare office to speak to the class about child abuse and neglect. Ask the speaker to discuss the ways in which the parents and children are helped to deal with the problem, once reported.

DISCUSSION: Lead the class in a discussion of some critical questions. Key Questions: How would you feel if you did not report your suspicions of abuse or neglect and the child was seriously harmed? How would you feel if after reporting possible abuse or neglect, you learned that you were wrong? How would this affect your behavior in reporting your suspicions in the future? How can caregivers overcome the fears which go along with reporting child abuse or neglect?

CHART: Use a chart to conduct a discussion of the child abuse or neglect pattern. [PREPARATION: Using poster board, prepare a wall chart similar to the illustration below.]The parent must have the potential to abuse. This potential is composed of at least five factors: The parent: 1) received negative parenting as a child, 2) has become isolated and mistrustful of others, 3) has an extremely passive spouse, 4) has a poor self-concept, 5) has an unrealistic expectation of the child. The child is one who is seen as different by the parents. This might be due to unrealistic expectations, or to the fact that the child really is different in some way. Finally, a crisis event sets off the abusive or neglectful behaviors. The crisis could be something simple like the washing machine breaking down, or something major like a spouse leaving the family. The crisis is not the cause of the abuse or neglect but the last piece of the puzzle.


The Pattern of Child Abuse and Neglect
PARENT who has the potential
A CHILD who is seen as different
A CRISIS which stresses the family
Abuse or Neglect

Emergencies and First Aid

OBJECTIVE

List first aid supplies that should be on hand at the child care center.

SURVEY: Ask students to make a list of the first aid supplies at the child care center where they do their lab work. In class have students compare lists. Key Question: What items are essential? Ask students to make a complete list of necessary first aid supplies for their notes.

REPORTS: Ask students to check references for lists of recommended first aid supplies. Compare these lists to the ones developed in class. If students find differences, they can adjust their lists accordingly. [NOTE: See references at the beginning of the unit.]

DEMONSTRATION: Bring to class a field trip first aid kit. The kit would consist of items necessary to take on trips away from the center. [NOTE: Some items to include would be: insect sting medication, Band-aids, an antiseptic, gauze, square gauze pads, a small pair of scissors, and tweezers.] Students may wish to make up their own first aid kit for trips away from the center.

OBJECTIVE

Demonstrate how to care for minor injuries to a child.

REFERENCE CARDS: Ask students to prepare a set of "First Aid Reference Cards." On each card students should list the injury or problem in bold letters across the top of the card. Then they can write down what a caregiver should do in that case. Include a card on these topics: animal bites, child bites, insect bites, ticks, minor bleeding, nosebleeds, severe bleeding, broken bones, bruises, sprains, minor burns, severe burns, vomiting, choking, convulsions, cuts and scrapes, object in the ear, object in the eye, splinters, fainting, heat exhaustion, heatstroke, failure to breathe, and shock. Check cards for accuracy.

GUEST SPEAKER: Arrange for your class to take the American Red Cross First Aid Training Course. There are several types of courses available. Check your phone book for the organization's number in your city.

DEMONSTRATION: Divide the class into several small groups. Ask each group to practice first aid procedures on each other, or on a large doll. Provide each group with necessary supplies. Check students to be sure they know the procedures for artificial respiration, and what to do if a person is choking. [NOTE: See references at the beginning of the unit.]

OBJECTIVES

Explain procedures to follow in case of a serious accident.

Explain procedures to follow for recording accidents and injuries.

PANEL DISCUSSION: Invite several child care center directors to share their procedures for care of children in case of a serious accident. Ask them to explain their reporting and recording procedures and the reasons they take these precautions.

TRANSPARENCY: Show the transparency, p. 105, which lists the steps to be taken in case of a serious accident. Be sure students know about medical consent forms which parents complete when enrolling their child.

HANDOUT: Give students a copy of the accident report form, p.106. Discuss why it is important to record the events of even a minor accident.

OBJECTIVE

Discuss the importance of being familiar with emergency care procedures when caring for children with special needs.

LECTURE: Give students an overview of emergency situations which might arise while caring for handicapped children. Try to support your talk with specific examples. [NOTE: You may need to contact a professional in your community if you cannot find information in references.]

REPORTS: Ask students to research a handicapping or other special condition of young children. Students should include information on safety considerations for children with a handicap or special need in the child care setting.

OBJECTIVE

Explain procedures for fire evacuation.

DIAGRAMS: Provide students with copies of several floor plans of child care centers. Make your own, or copy plans which are found in references. Ask each student to examine one of the floor plans and decide upon the best exit route in case of fire. [NOTE: There should be two escape routes marked in case one is blocked.] Ask students to explain their fire escape routes.

POSTERS: Ask students to prepare a poster which shows the procedures to follow during a fire drill. These posters should be suitable for use with four- and five-year-old children. Students can share their posters in class.

OBJECTIVE

Explain safety practices to observe during a severe weather alert.

LECTURE: Explain procedures for a severe weather alert in your area. Key Question: What kind of procedures should be followed in the child care center in case of a tornado, flood, heavy snow, ice, or dust storm?

GUEST SPEAKER: Invite a representative of the emergency operations center or a comparable organization to speak to your class about procedures to observe in case of an emergency in your area.

Safety
Unit Test

DIRECTIONS

For Items 1-22, select the letter of the phrase which completes the statement correctly. Place the letter in the blank next to the statement. Choose only one answer for each item.

1. ______ A child care center is being opened in an old building. The state standards require exits on opposite sides of the building. However, this building has exits on one side only. If the center has a tight budget, the director could
   A. have a new door put into the back wall
   B. look for another building.
   C. apply for a waiver.
   D. petition the state congressperson for that district.

2. ______ The outdoor environment should be arranged so that
   A. traffic flows around play areas.
   B. play areas are side by side.
   C. the swings are close to the sidewalk.
   D. the slide ends in the sandbox.

3. ______ The first principle to follow in maintaining a safe environment is to
   A. remove items that are dangerous.
   B. refrain from adding any new sources of danger.
   C. control the source of danger.
   D. recognize the source of danger.

4. ______ A safe outdoor play area should have
   A. concrete anchoring devices above ground.
   B. wooden swing seats.
   C. loose fill materials under climbing equipment.
   D. swinging exercise rings six inches in diameter.

5. ______ Rugs or carpets in the child care center should
   A. be steam cleaned each day.
   B. not be used.
   C. be secured to the floor.
   D. be in the block area only.

6. ______ The safest way to store potentially hazardous equipment and supplies is
   A. in a high cabinet.
   B. under lock and key.
   C. in a closet.
   D. under the sink.

7. ________ A poisonous plant which may be fatal if eaten by young children is
A. mistletoe.
B. hyacinth.
C. holly.
D. English ivy.

8. ________ A child is injured on the slide from a bolt which lost its cover. This injury might have been prevented if
A. caregivers had used zone supervision.
B. a safety check list was used regularly.
C. the children were following safety rules.
D. the slide had not been purchased for the playground.

9. ________ In order to prevent fires, caregivers should *not*
A. use extenison cords.
B. cook in the classroom.
C. burn decorative candles.
D. lock matches in a supply cabinet.

10. ________ The caregiver who is showing safety alert signals is:
A. Bryan. Bryan is angry with the caregiver in the next room because she took the wading pool for her group, even though he had signed up for it first.
B. Betty. On the playground, Betty tells Anita that they can visit during their break. She wants to watch and interact with the children now.
C. Roberto. Today, Roberto reviews the last developmental check done for the toddlers in his room. He wants to plan some new activities.
D. Naomi. When some extra children are sent to her room, Naomi lets the director know that another caregiver is needed to maintain child/staff ratio.

11. ________ To ensure safety on the playground, caregivers should
A. sit by the swings, the most dangerous equipment.
B. spread out to separate areas on the playground.
C. sit along the fence to keep children from climbing on the fence.
D. watch carefully from the classroom window.

12. ________ To guide young children in the safe use of wooden beads and strings a caregiver would say,
A. "Don't put the beads in your mouth."
B. "Use the beads on the floor instead of the table."
C. "Only one child at a time can use the beads."
D. "Keep the beads inside the tray until you string them."

13. ________ In order to establish whether a pattern of child abuse or neglect exists, caregivers should
A. question the parent who brings the child.
B. visit the child and parents at their home.
C. have the director question the child.
D. write down their observations.

14. ________ If you could only take three first aid items on a field trip, it would be best to take
A. splints, a triangular cloth, and tweezers.
B. syrup of ipecac, a stretcher, and gauze.
C. Bandaids, antiseptic, and tweezers.
D. butterfly bandages, splints, and a tourniquet.

15. ________ If a child is choking and unable to breathe or cough, a caregiver would first
A. give four rapid blows between the shoulder blades.
B. place fist against the stomach and give four upward thrusts.
C. try to remove the object with the fingers.
D. call an ambulance.

16. ________ Before beginning artificial respiration, the caregiver must
A. place the child on his or her side.
B. give the child four quick puffs of air.
C. clear the breathing passage.
D. cover the nose of the child.

17. ________ If a child has a nosebleed, the caregiver
A. lets the child lie down.
B. applies a cold compress.
C. gently holds the nose closed.
D. gives the child a drink of water.

18. ________ An accident report form is
A. not necessary in some child care centers.
B. completed on the same day that the accident occurred.
C. sent to the state licensing office.
D. signed by the child or the child's parents.

19. ________ When an epileptic child is having a seizure, the caregiver should
A. place a padded tongue depressor between the child's teeth.
B. immediately administer artificial respiration.
C. move the child to a bed or cot.
D. protect the child from injury by moving nearby objects out of the way.

20. ________ Children are more likely to follow safety rules if
A. the rules are simply stated and kept to a minimum.
B. the child can read the posted rules.
C. failure to follow a rule is followed by appropriate negative consequences.
D. the center director makes the rules.

21. ________ When a tornado warning has been issued which threatens the child care center,
A. the parents should be called to come and pick up their children.
B. all windows should be closed.
C. children should be moved to an inner hallway.
D. children should evacuate the building immediately.

22. ________ A safety rule which is *not* appropriate for preschoolers to follow is to
A. walk inside the classroom and halls.
B. clean up spills promptly.
C. throw balls outside only.
D. keep electrical outlets covered.

DIRECTIONS

For Items 23-25 write a short essay.

23. Describe the safety guidelines a caregiver would promote while children use tricycles and other wheel toys.

24. Explain the procedures to observe for an evacuation due to fire.

25. Explain the pattern of child abuse and neglect, including the three basic elements of the pattern.

97

Transparency and Handout Masters

PAGE TITLE

92 Four Basic Safety Principles

93 Moving Parts and Rings

94 "S" Hooks and Hard, Heavy Swing Sets

95 Inadequate Spacing and Exposed Screws and Bolts

96 Hard Surfaces and Sharp Edges

97 Improper Anchoring

98 Safe Storage–Under Lock and Key

99 Safety Check List for Child Care Centers

100 Safety Alert Signals

101 Safety in Outdoor Play–Zone Supervision

102 Safe Use of Outdoor Play Equipment

104 Signs of Possible Abuse and Neglect

105 In Case of a Serious Accident

106 Accident Report Form

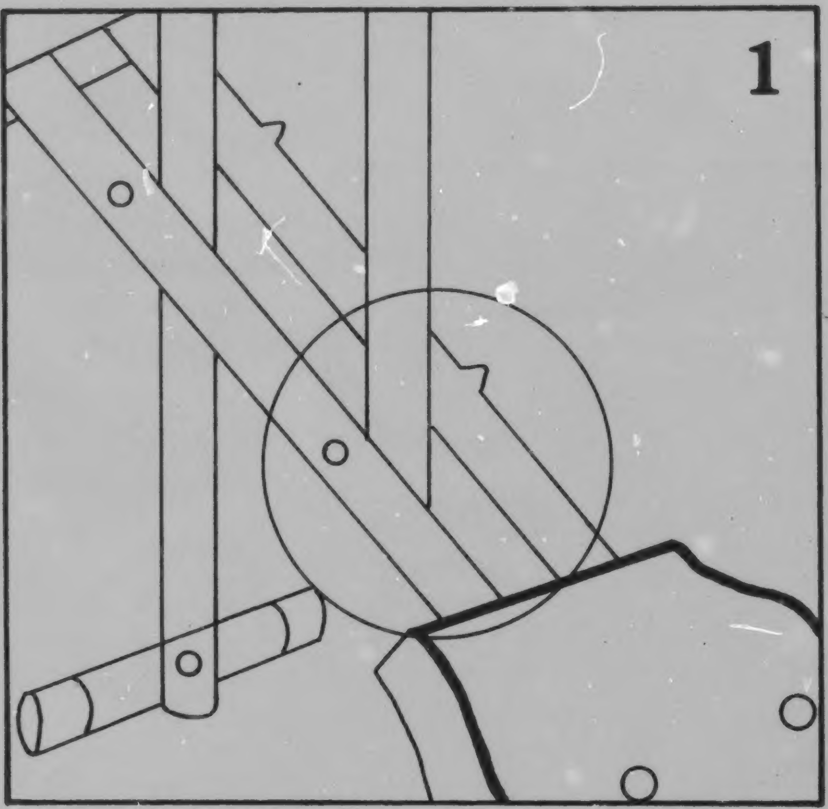
Four Basic Safety Principles

1. **RECOGNIZE** - THE SOURCE OF DANGER

2. **REMOVE** - ITEMS THAT ARE DANGEROUS

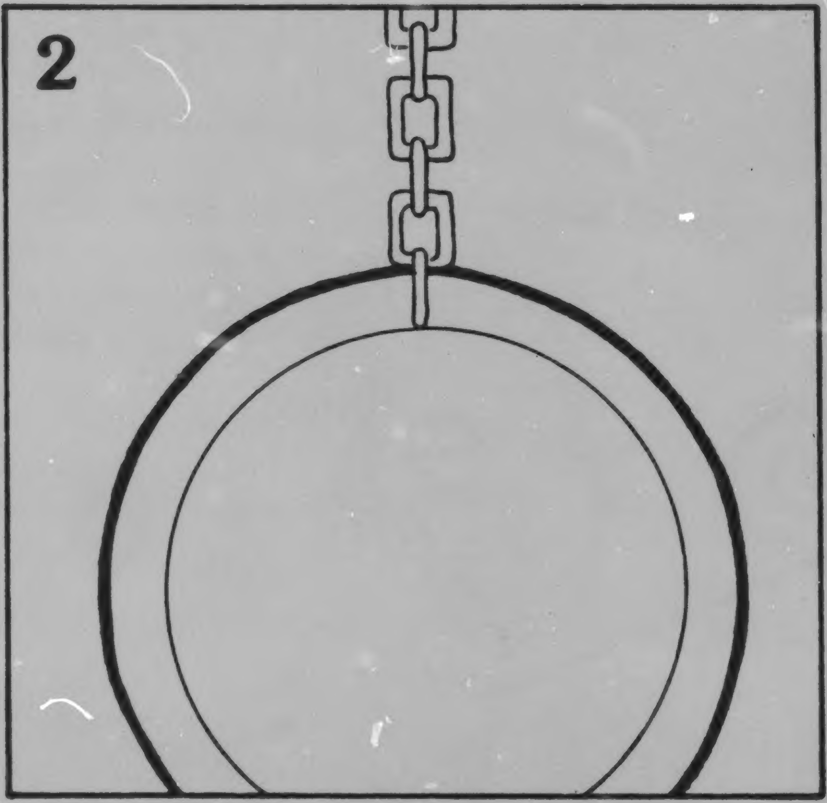
3. **CONTROL** - THE SOURCE OF DANGER IF IT IS NOT REMOVABLE

4. **REFRAIN** - FROM ADDING ANY NEW SOURCES OF DANGER



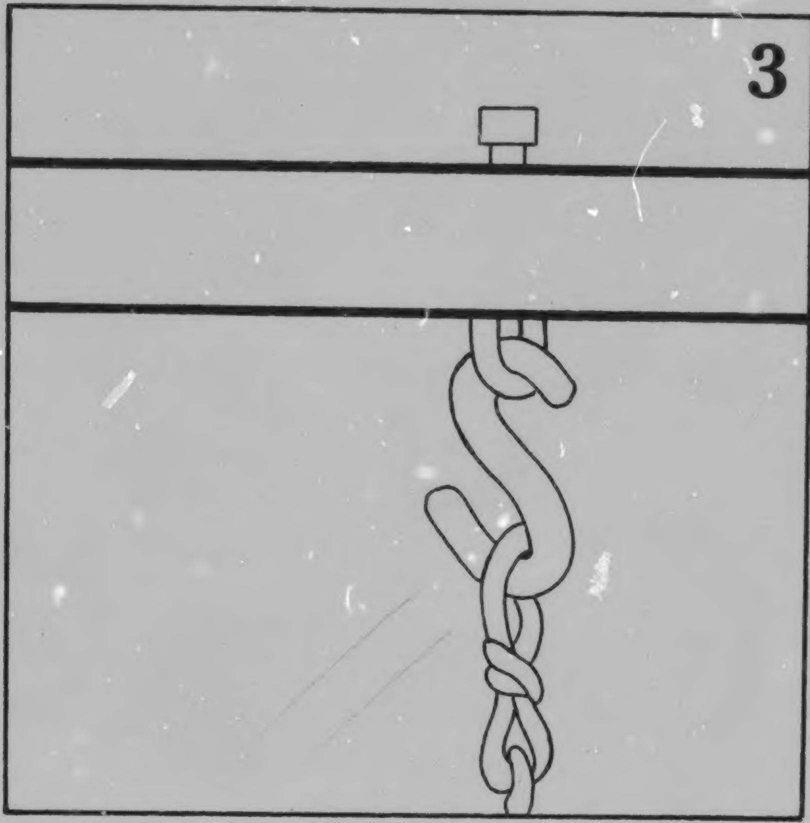
MOVING PARTS

Moving parts particularly on gliders and seesaws can pinch or crush fingers.



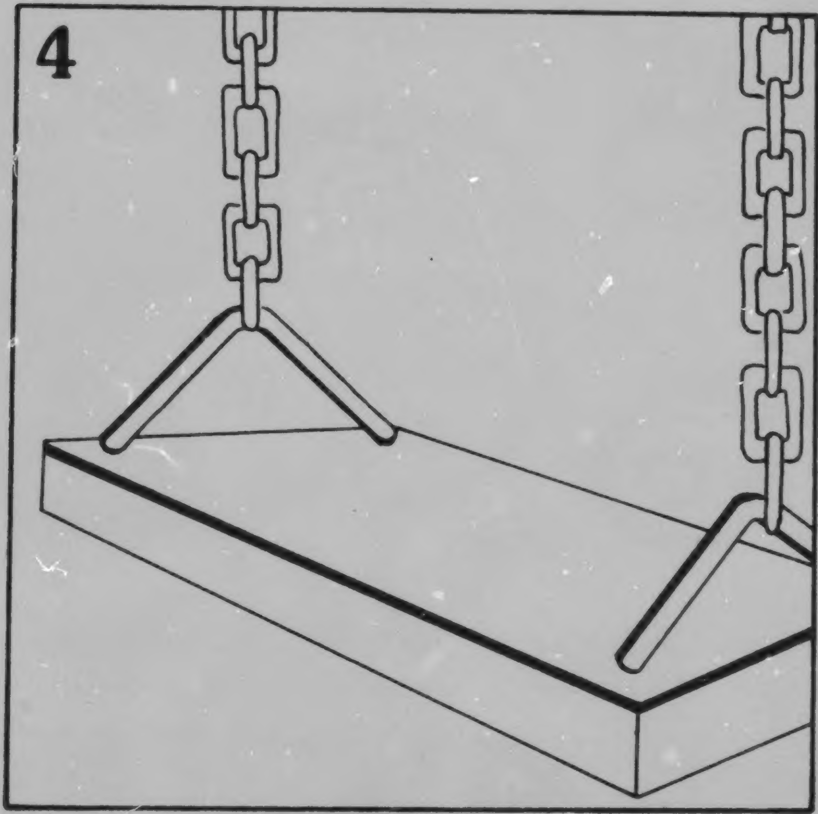
RINGS

Swinging exercise rings with a diameter between five and ten inches can entrap a child's head. Remove such rings and discard them where children will not find them.



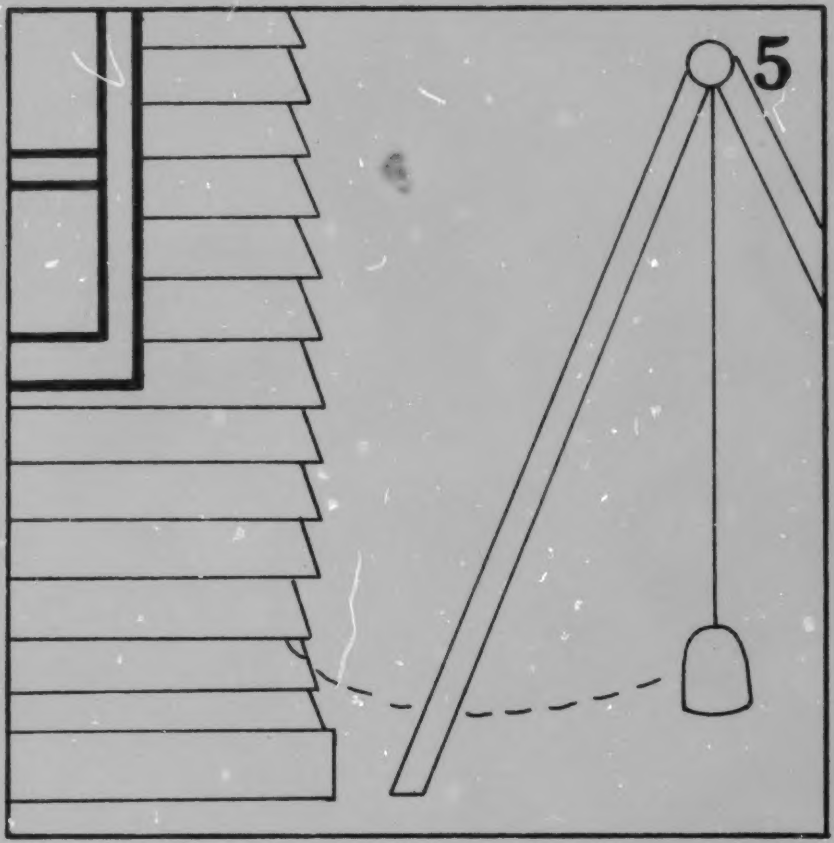
"S" HOOKS

Open-ended hooks, especially the "S" hooks on swings, which can catch skin or clothing, should be avoided. If a set has such hooks, pinch in the ends tightly with a pair of pliers.



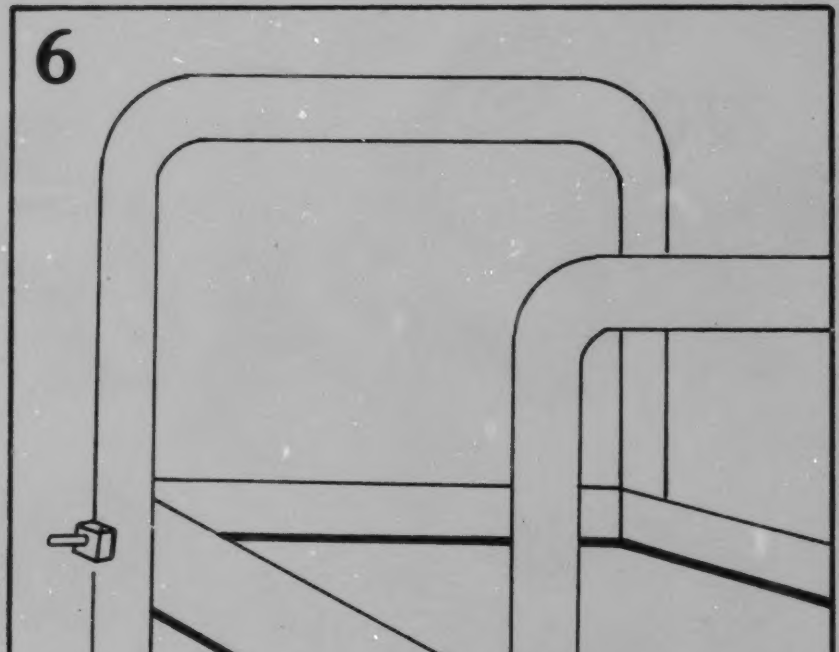
HARD, HEAVY SWING SEATS

Hard, heavy swing seats can strike a dangerous blow. Choose a set with light weight seats, or purchase such seats separately and replace the hard seats. Metal seats should have smooth, rolled edges.



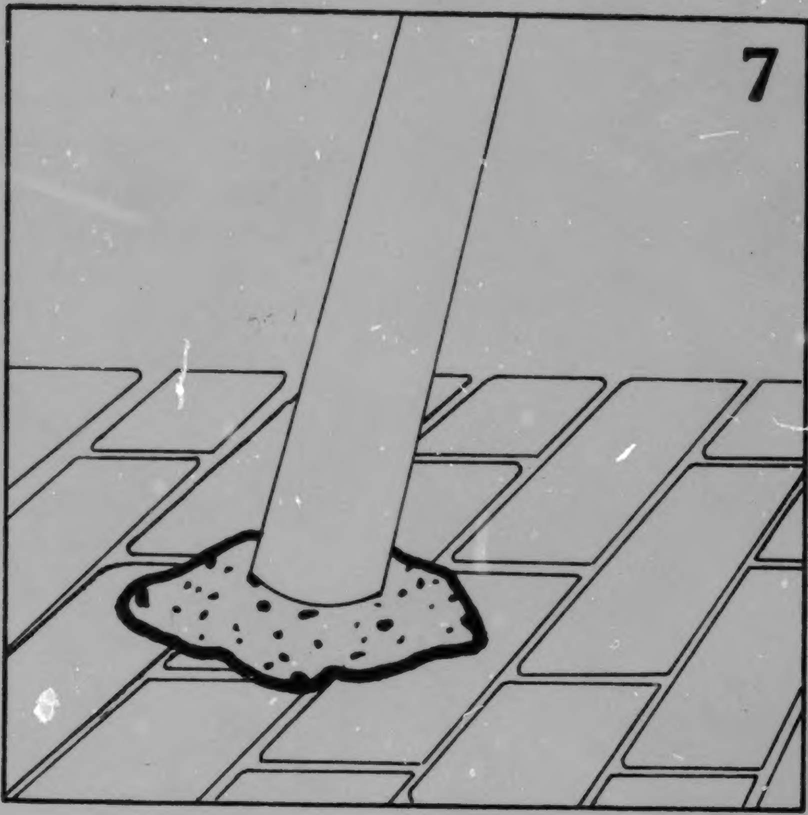
INADEQUATE SPACING

Install the swing set a minimum of six feet away from fences, building walls, walkways and other Play areas such as sandboxes.



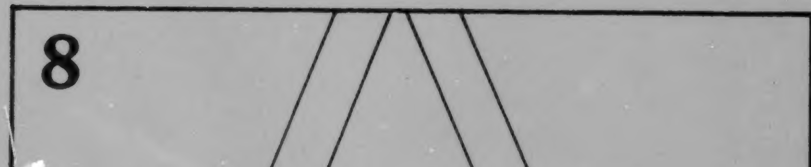
EXPOSED SCREWS AND BOLTS

Most play equipment includes protective caps to cover screws and bolts. When protective caps are not included, tape over all exposed screws and bolts, even those which appear to be out of the child's reach.



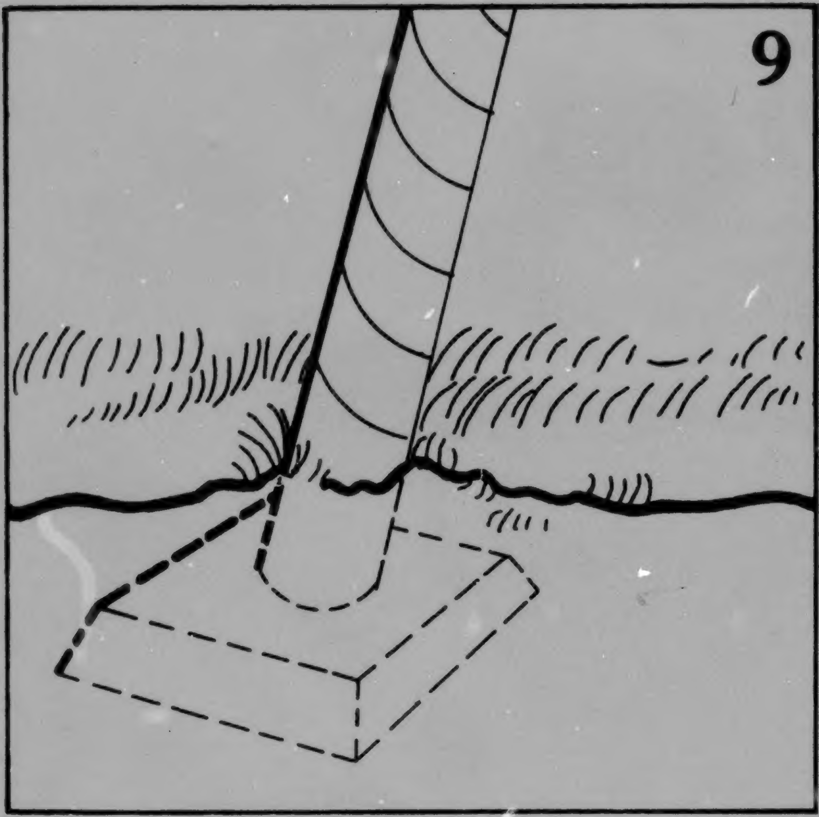
HARD SURFACES

Do not install equipment over hard surfaces, such as concrete, bricks, or blacktop. Grass or sand is a better surface.



SHARP EDGES

Some equipment has sharp edges where the parts fit together. Tape these areas with heavy tape ,and inspect the taped areas regularly for weather damage.

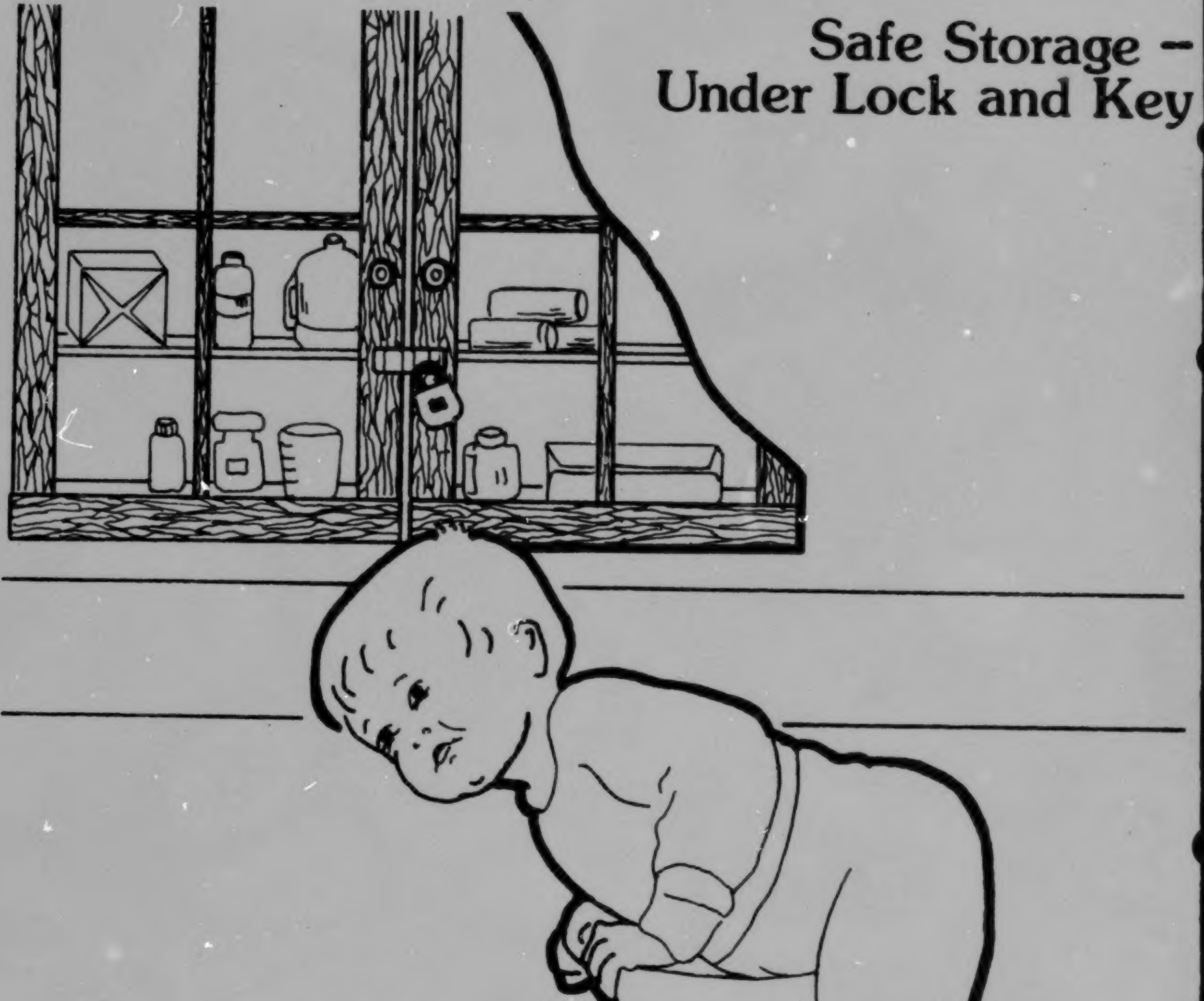


9

IMPROPER ANCHORING

Legs can be set in concrete for stability. All types of anchoring devices should be placed below ground level to avoid tripping.

Safe Storage – Under Lock and Key



Safety Check List for Child Care Centers

Items on this list to be checked: ________ Daily ________ Monthly ________ Seasonally

Date checked: ______________________________ Person checking: ______________

Items to Be Checked	Safe	Unsafe	Notes
	☐	☐	
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Safety Alert Signals

Alert Signals in Children

Be alert to the increased chances of an accident occurring when children:

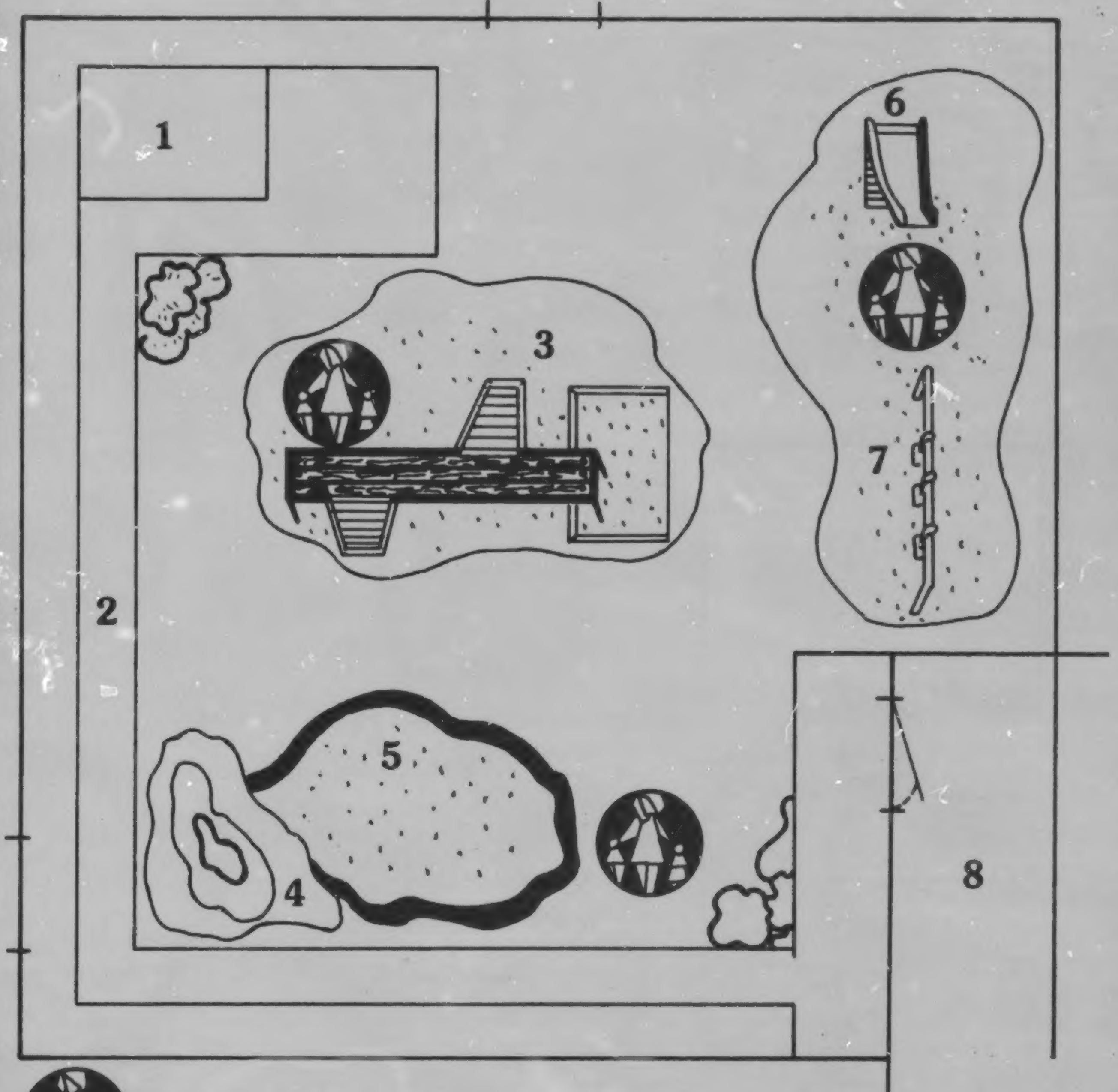
- are ill.
- are angry.
- are tired.
- are hungry.
- are excited.
- experience a change in routine.
- experience a change in environment.
- are in an environment where hazardous materials are accessible.
- are in an environment that is poorly arranged.

Alert Signals in Caregivers

Be alert to the increased chances of an accident occurring when caregivers:

- are ill.
- are angry.
- are tired.
- are worried about problems at home.
- do not get along well with other staff members.
- are socializing while responsible for the children.
- are not aware of the developmental levels of children.
- have too many children to care for at a time.
- are new to the center, or are inexperienced substitutes.

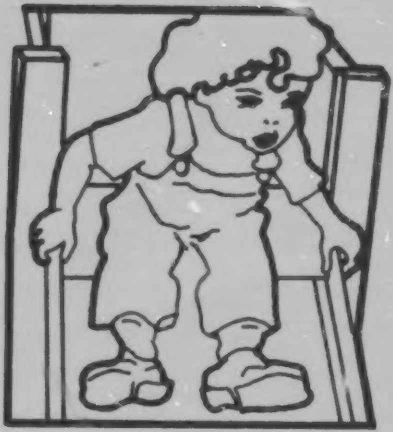
Safety in Outdoor Play – Zone Supervision



Denotes a Caregiver

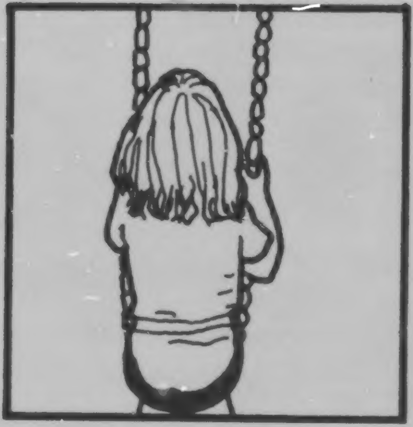
1. Storage 2. Tricycle Path 3. Climber
4. Hill 5. Sand Pit 6. Slides 7. Swings
8. Indoors

Safe Use of Outdoor Play Equipment



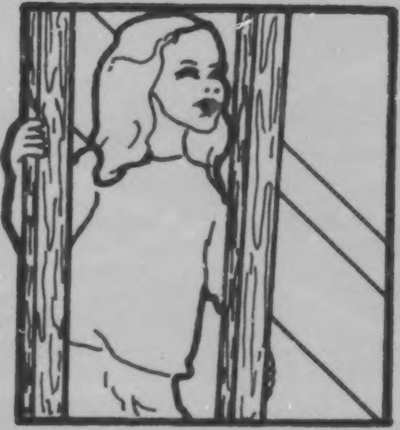
Slides

- Use only the steps to climb up the slide.
- Hold on with both hands going up the steps of the slide. Take one step at a time.
- Climb up when the feet of the child in front go out of sight.
- Slide down feet first, always sitting up, one person at a time.
- Be sure no one is in front of the slide before sliding down.
- Be patient; wait for a turn without pushing or shoving.
- Leave the front of the slide after completing your turn.



Swings

- Sit in the center of the swing; never stand or kneel.
- Hold on with both hands.
- Stop the swing before getting off.
- Stay far away from a moving swing.
- Let only adults push you in the swing.
- Only one person can sit in a swing at a time.
- Never swing empty swings, or twist swing chains.

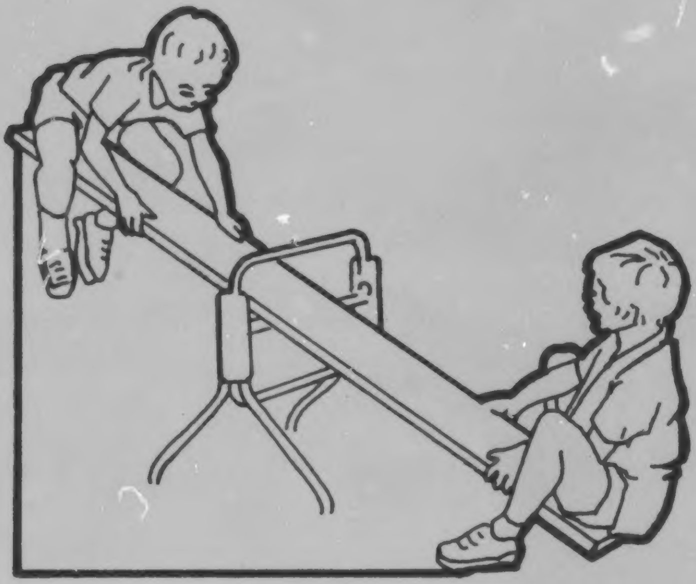


Climbing Equipment

- Grasp bars tightly with fingers and thumb.
- Watch carefully when climbing down for children climbing up.
- Only a small number of children should use the apparatus at one time.
- Stay well behind the person in front of you, and avoid swinging your feet.
- Never use equipment when it is wet.
- Drop from the bars with knees slightly bent, and land on both feet.

Seesaws

- Sit facing each other.
- Keep a firm hold with both hands.
- Never stand or run on the board.
- Keep feet out from seats going down.
- Make sure both people have their feet on the ground before getting off.
- Never "bump" the other person by hitting the ground hard with either end of the board.



Note: Adapted from "Toward a Safer Playground" in *Day Care and Early Education*, Fall, 1981.

Signs of Possible Abuse and Neglect

Abused or neglected children are likely to share at least several of the following characteristics.

- They appear to be different in physical or emotional make-up, or their parents see them as different.
- They seem unduly afraid of their parents.
- They may often bear welts, bruises, untreated sores, or other skin injuries.
- Their injuries seem to be treated inadequately.
- They show evidence of overall poor care.
- They are given inappropriate food, drink, or medication.
- They exhibit behavioral extremes; for example, crying often or crying very little; being unusually aggressive and destructive or extremely withdrawn.
- Some are wary of physical contact; they become apprehensive when an adult approaches another child, particularly one who is crying.
- They may exhibit a sudden change in behavior.
- They take over the role of the parent, being protective or otherwise attempting to take care of the parent's needs.
- They have learning problems that cannot be diagnosed.
- They are habitually absent or late to school. They may be absent for prolonged periods.
- They may arrive early at school and not want to leave.
- They are often tired and sleepy.
- They are dressed inappropriately for the weather.

To report suspected child abuse or neglect call: ____________

In Case of a Serious Accident

Stay Calm

A Caregiver Should Remain With the Child

Notify the Center Director

Administer First Aid ONLY if Trained to do so

Contact Doctor or Hospital for Specific Instructions

Notify Parents

See That the Child Receives Medical Attention

Complete and File Accident Report Form

Accident Report Form

Child's Name: ______________________________ Date: __________

Description of accident or injury: ______________________________

____

____

____

Time of the accident: ______________________________

Was anyone else involved? ________ If so, who? ____________________

Medical attention received, if any: ______________________________

____

Were the parents notified? ________ Which one? __________ When? ________

Was follow-up medical attention recommended? ____________________

Was an ambulance called? ______________________________

Was a physician notified? ________________ Which one? ____________

Additional comments:

____
Signature of caregiver present

____
Signature of center director

Performance Objectives Health and Hygiene Unit IV

Environment and Equipment

- Summarize state, local, and funding agency guidelines regarding health in the child care center.
- List health care supplies that should be easily accessible to all children and caregivers.
- List personal health care supplies that should be on hand for individual children's use.
- Maintain a clean and sanitary child care environment.
- Describe proper levels of temperature, lighting, and ventilation in the child care center.

Promoting Good Health and Hygiene

- Conduct a daily health check of children as they arrive at the center.
- Model for and guide children in use of good health habits.
- Observe sanitary habits in the care of infants, toddlers, and preschoolers.
- Provide age-appropriate experiences which promote good health habits in young children.
- Plan daily routines which provide time for health care, sleep or rest, vigorous play, quiet play, and nutritious meals and snacks.
- Discuss hygiene practices to observe when caring for the handicapped child.

References

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Southwest Educational Development Laboratory. *Child Health and Safety Series.*

Sutherland Learning Associates. *Child Care.*

When You Care for Children: Guide to Caring for Children in Small Groups.

When You Care for Handicapped Children.

AUDIOVISUALS

Care of Children's Teeth.

Head Lice: Questions and Answers.

Metropolitan Life Insurance Company. *Looking at Children.*

Preschool Dental Health Program: Dental Care.

Texas Department of Human Resources. *Child Health and Safety Series.*

Suggested Classroom Experiences

Environment and Equipment

OBJECTIVE

Summarize state, local, and funding agency guidelines regarding health in the child care center.

GUEST SPEAKER: Invite a licensing representative from the local state office, or local health office to speak to the class about health standards. Have students study the standards before the speaker arrives, and prepare questions.

REPORTS: Ask interested students to research the legislation which established the state standards or funding agency guidelines for day care centers. Key Questions: What is the purpose of the standards? How were they developed? How could the standards be improved?

LECTURE: Discuss with the class local health codes which may apply to child care centers. Provide written materials if available from city or county health departments.

OBJECTIVES

List health care supplies that should be easily accessible to all children and caregivers.

List personal health care supplies that should be on hand for individual children's use.

DISPLAY: Bring to class a collection of health care items which should be available to children and caregivers. [NOTE: Include hand soap, paper towels, facial tissues, and bathroom tissue.] Discuss with the class the importance of keeping these items supplied. They should be accessible to children at all times.

CONSTRUCTION: Ask students to prepare a personal hygiene kit for a child. This would include not only an attractively decorated container but the supplies which should be kept in the container. [NOTE: Supplies would include a comb or brush, toothbrush, toothpaste, a complete change of clothing, and perhaps a small mirror. All items should be labeled with the child's name.] In class students might display their kits. Key Question: Who should provide the child with these supplies?

TRANSPARENCY: Show the transparency, p. 120, which illustrates different types of sleeping equipment. Discuss the different types, their advantages and disadvantages. Point out that children should have their own labeled bedding and cot. Key Questions: What kinds of sleeping equipment are preferable for infants, toddlers, and preschoolers? If cloth covers are used on cots, how often should they be laundered? How can each type of equipment be sanitized?

OBJECTIVE

Maintain a clean and sanitary child care environment.

CHECK LIST: Divide the class into small groups. Ask each group to prepare a check list for keeping the child care environment clean and sanitary. Groups should include how often procedures must be done. Have one group write their list on the chalkboard. The other groups can make additions or changes. Students can copy the check list in their notes. [NOTE: Students should include sanitizing toys and equipment, keeping floors and carpets clean, removing trash daily, using plastic trash bags, keeping lids on large trash containers, doing laundry, cleaning bathrooms daily, etc.]

HANDOUT: Give students a copy of the handout, p. 121, on laundry procedures for the child care center. Key Questions: How is the laundry done at the center where you do your lab work? How might procedures for laundering change if it must be done away from the center?

DISCUSSION: Discuss with students a comment often made about child care centers: "They always smell bad." Key Questions: Why would a center smell bad? How can odors be controlled in the infant diapering areas and restrooms? [NOTE: Unpleasant odors in a child care center can be controlled or eliminated if proper sanitation and health care practices are observed.]

GUEST SPEAKER: Invite a public health nurse to visit the class and discuss conditions necessary to promote health in the child care environment.

OBJECTIVE

Describe proper levels of temperature, lighting, and ventilation in the child care center.

HANDOUT: Give students a copy of the handout, p. 122. Discuss the importance of lighting in the child care environment. Key Questions: How can light be used to create interesting environments? What safety precautions need to be observed if high-intensity lamps are used?

TRANSPARENCY: Show the transparency, p. 123, which shows a caregiver checking the room temperature. Discuss with students the importance of temperature, humidity, and ventilation in the child care setting. [NOTE: Room temperature should be constant, between 68°

and 72° F. Fresh air should circulate but not cause a draft. In dry climates, cool mist vaporizers or humidifiers may be used. A recommended level of relative humidity is 45 percent during the winter.]

DISCUSSION: Divide the class into small groups. Ask each group to devise a plan for the child care center to follow in case the heating or cooling system fails. The groups can share plans. Ask students to discuss how these plans might work in various child care settings.

Promoting Good Health and Hygiene

OBJECTIVE

Conduct a daily health check of children as they arrive at the center.

HANDOUT: Give students a copy of the handout, pp. 124-125. The daily health check should be completed at the beginning of the child's day at the center. Key Question: If a child is observed and thought to be ill, what must be done?

DISCUSSION: Discuss Lab Experience 31 in which students conducted a daily health check. Key Questions: How long did it take you to complete the observation of one child? What signs of good health did you observe? What signs of illness did you observe?

DISCUSSION: Lead the class in discussing some important questions. Key Questions: Why do some centers or caregivers not perform daily health checks? How might the parent feel while their child is being observed? How can a caregiver help the parent feel comfortable? How can one caregiver manage to check each child if children are arriving at the same time?

OBJECTIVE

Model for and guide children in the use of good health habits.

LECTURE: Review for students some basic learning theories of early childhood education. Emphasize the fact that modeling and positive guidance techniques are the most effective ways to promote good health habits in young children.

HANDOUTS: Give students copies of the handouts, pp. 126-128. These illustrations can be used to help guide children in sanitary use of the toilet. Key Question: How might a caregiver introduce these to the children?

POSTERS: Ask students to make simple posters, similar to the handouts on toileting, on other health habits. Provide time in class for students to share their posters.

REPORTS: Ask students to research and report on dental hygiene for young children. Key Questions: How are dental caries prevented? Why is it important to care for primary teeth as well as permanent teeth? How do caregivers promote good dental hygiene in young children? How is diet related to dental hygiene? [NOTE: See references at the beginning of the unit.]

OBJECTIVE

Observe sanitary habits in the care of infants, toddlers, and preschoolers.

DEMONSTRATION: Demonstrate for students the proper hand washing technique. Let students practice. [NOTE: The procedure involves using warm water, soap, and a brisk scrubbing motion. Remind students to check for dirt under the fingernails. Short nails are preferable for child caregivers. Hands should be dried on a fresh disposable paper towel.] Key Questions: When should caregivers wash their hands? On field trips, when hand washing is necessary, what can caregivers do? Should caregivers use hand lotion?

HANDOUT: Give students a copy of the handout, p. 129, which explains the procedures for changing a diaper. Key Question: What procedures recommended on the handout are for sanitary purposes?

DISCUSSION: Divide the class into small groups. Ask each group to list caregiver mealtime behaviors which exemplify good health habits. Groups can then exchange ideas. [NOTE: Behaviors which might be listed include: chewing food thoroughly before swallowing, taking small bites, getting a clean utensil to replace one that fell on the floor, keeping one's napkin in one's lap, eating food only from one's own plate, using serving spoons to serve food instead of fingers, covering nose and mouth when sneezing or coughing.]

GUEST SPEAKER: Invite a public health nurse or other professional to speak to the class about personal hygiene for child caregivers. Ask students to take notes and be able to prepare a personal hygiene guide for future reference.

OBJECTIVE

Provide age-appropriate experiences which promote good health habits in young children.

FELT BOARD: Ask students to prepare a felt board story designed to promote good health habits in young children. They should focus on one habit such as washing hands, or covering the mouth when coughing. Students can present their felt board stories in class.

ACTIVITY FILES: Ask students to plan experiences for promoting good health habits in young children. Students may use the Experience Plan form, p. 35. Provide time in class for students to share their activities.

PUPPETS: Ask students to design an original puppet character whose purpose is to promote good health habits in young children. In class students can introduce their puppet, and show how they would use it with young children. Key Question: Why would a puppet be more effective than the caregiver talking directly to the children?

OBJECTIVE

Plan daily routines which provide time for health care, sleep or rest, vigorous play, quiet play, and nutritious meals and snacks.

HANDOUT: Give students a copy of the handout, p. 130, which gives examples of daily schedules for infants, toddlers, and preschoolers. Ask students to examine the schedules for health care routines and a balance of activities. Key Questions: What are the health care routines in a child care center? How are the health care routines different among the three schedules? What is meant by a *routine*? How are opportunities for vigorous and quiet play scheduled?

DEMONSTRATION: Ask students to collect and demonstrate some transitions to use with young children. The transitions can be used to guide children into a health care routine, such as toileting, handwashing, or brushing teeth.

LECTURE: Tell the class about the importance of sleep and rest for young children. Explain the differences in sleeping patterns of infants, toddlers, and preschoolers. Point out also that individual children vary in their needs for sleep and rest.

DISCUSSION: Ask students to share observations of the naptime routine from Lab Experience 34. Key Questions: How does the physical environment of the child care center influence the naptime routine? [NOTE: Consider, for example, quiet area, lighting, space, and type of sleeping equipment.]

REPORTS: Ask students to research recommended techniques to use when guiding children to toilet independently. Discuss this information in class. Focus on how good hygiene can be promoted in toddlers learning to toilet. Key Question: How can this information be shared with parents?

CASE STUDY: Read the following case study to the students: No matter how much Jerry tried to praise or scold the toddlers, they still had frequent toileting accidents. Everyday, Jerry took the toddlers to the potty room down the hall exactly on the hour. She would hold open the heavy door and let the line of children march down the hall. If, between trips, a child said that she needed to potty, Jerry asked her to wait until the next trip. Key Questions: What is the problem with Jerry's toileting routine for the toddlers in her care? How could the situation be improved?

DISCUSSION: Use the inner and outer circles discussion technique to have students discuss the question: How important is daily parent-caregiver communication in promoting the health of the child? [NOTE: The inner and outer circles discussion technique is explained more fully on page 80.]

OBJECTIVE

Discuss hygiene practices to observe when caring for the handicapped child.

GUEST SPEAKER: Invite a public health nurse, special education professional, or parent to speak to the class about particular hygiene concerns for handicapped children.

DEMONSTRATION: Demonstrate for students the use of several screening devices. These tests are used to detect health problems early in the life of the child. They are usually administered by specially trained persons. For example, some tests check for loss of vision, loss of hearing, or motor problems. Key Questions: Why are these types of tests important? Should child care centers be involved in early screening? If so, how should the screening program be developed? [NOTE: See references at the beginning of the unit.]

Health and Hygiene Unit Test

DIRECTIONS:

For Items 1-22, select the letter of the phrase which completes the statement correctly. Place the letter in the blank next to the statement. Choose only one answer for each item.

1. ______ One of the principal reasons that state licensing standards are developed is to
   - A. promote good business practices in the operation of a child care center.
   - B. ensure the health and safety of the children enrolled.
   - C. ensure that a developmental learning program is followed.
   - D. promote adequate wages for child caregivers.

2. ______ A health care item which should *not* be available for children to use freely is
   - A. facial tissues.
   - B. paper towels.
   - C. hand soap.
   - D. aspirins.

3. ______ To promote good hygiene a caregiver would
   - A. keep all the children's personal health care items together in a large box.
   - B. label each child's personal health care items with the child's name.
   - C. be sure to keep a plastic bag in each child's box for wet clothes.
   - D. keep a comb handy for children to use.

4. ______ The preferred sleeping equipment for preschool children is a
   - A. metal frame cot with cloth cover.
   - B. towel on the carpet.
   - C. vinyl rest mat.
   - D. playpen with pillow.

5. ______ To disinfect a load of laundry in an 18-gallon washing machine, you would use
   - A. ¼ cup of bleach.
   - B. extra ½ cup of laundry detergent.
   - C. ½ cup of vinegar.
   - D. 1 cup bleach.

6. ________ Rest rooms in child care centers need to be cleaned and disinfected at least
A. three times a day.
B. once a day.
C. twice a week.
D. once a week.

7. ________ Lighting in the child care center should be planned so that
A. children can turn the lights on and off.
B. sunlight is always indirect.
C. only fluorescent lights are used.
D. overhead lights have screens.

8. ________ The temperature range for the child care center should be constant between
A. 60° and 80° F.
B. 65° and 75° F.
C. 68° and 72° F.
D. 70° and 72° F.

9. ________ The best way for caregivers to promote good health habits in young children is to
A. have at least four health units per year.
B. have meetings with the parents.
C. be a good model.
D. be sure children eat all their food.

10. ________ When guiding children to observe sanitary toileting practices encourage children to
A. flush after the last child in the group has used the toilet.
B. sit on the floor to wait their turn.
C. wipe themselves from front to back.
D. wash their hands before using the toilet.

11. ________ Children can learn to cover their mouth and nose when sneezing or coughing. Afterwards the children should
A. wash their hands.
B. tell the caregiver.
C. return to play as usual.
D. clean their hands on a tissue.

12. ________ When drinking from a water fountain, encourage children to
A. stand in line quietly.
B. rinse their hands after drinking.
C. use only a cup to get the water.
D. touch only the water with their mouths.

13. ________ Children should make their first trip to the dentist when they are
A. 18 months old.
B. two years old.
C. three years old.
D. four years old.

14. ________ Children can begin brushing their own teeth when they are
A. infants.
B. toddlers.
C. four years old.
D. in elementary school.

15. ________ When washing the hands, it is important to use
A. hand lotion afterwards.
B. a brisk, scrubbing motion.
C. cold water.
D. deodorant soap.

16. ________ When cloth towels are used in the restrooms, be sure that
A. a new towel is put out each morning.
B. there are at least three available.
C. they are removed and washed at the end of the week.
D. each child uses an individual, labeled towel.

17. ________ When changing a diaper, the caregiver is careful to
A. dispose of the diaper in the diaper flush.
B. shake powder onto the child's bottom.
C. wash hands before and after changing the diaper.
D. replace the changing mat at the end of the day.

18. ________ When arranging cots for sleep or rest at naptime,
A. situate the cots so that they are at least three feet apart.
B. arrange the cots so that all the children's heads are pointing in the same direction.
C. rotate the positions of the cots so that children do not sleep in the same place.
D. let some of the cots be in the sunshine.

19. ________ Routines for the health care of infants are
A. scheduled throughout the day.
B. done as needed by each infant.
C. planned at hourly intervals.
D. not important at this age.

20. ________ A health care practice that is *not* desirable for caregivers to observe is
A. keeping children's noses clean.
B. keeping used tissues in the pocket.
C. taking a box of tissues outside.
D. being sure that children wear their shoes outside.

21. ________ At naptime, one child refuses to take a nap. The caregiver can best handle this situation by
A. giving the child a book or puzzle to rest quietly with.
B. telling the child, "Look, everyone else is taking a nap."
C. letting the child go outside for some vigorous play.
D. being firm and insisting that the child sleep.

22. ________ All caregivers can be alert to vision problems in young children by
A. administering a vision screening test.
B. teaching children to read early.
C. noticing if the child squints frequently.
D. checking if the child sees better out of a pair of glasses.

DIRECTIONS:

For Items 23-25, write a short essay.

23. List several ways that unpleasant odors can be controlled in the child care center.

24. Describe the procedures to follow when conducting the daily health check of each child.

25. A caregiver notices that some of the children are greeting each other with a kiss on the mouth. How might the caregiver guide the children to express their affection in a more sanitary way?

Transparency and Handout Masters

PAGE TITLE

120 Sleeping Equipment

121 Laundry Procedures for the Child Care Center

122 Light Sources for the Child Care Environment

123 A Comfortable Environment

124 Daily Health Check

126 Wipe (Poster for Young Children)

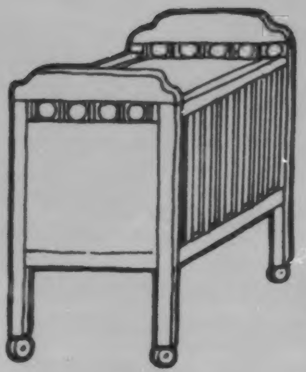
127 Flush (Poster for Young Children)

128 Wash (Poster for Young Children)

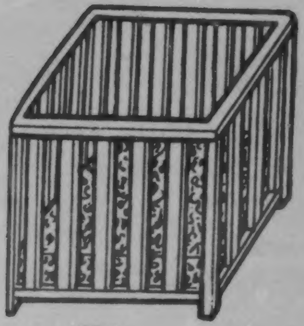
129 Guidelines on Diapering

130 Daily Planning

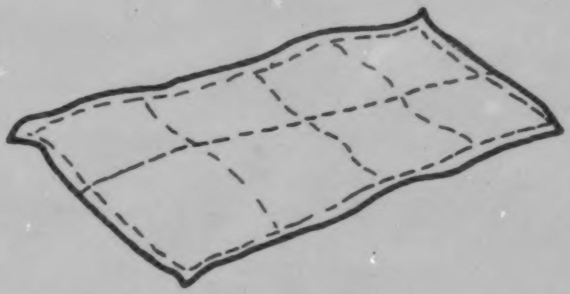
Sleeping Equipment



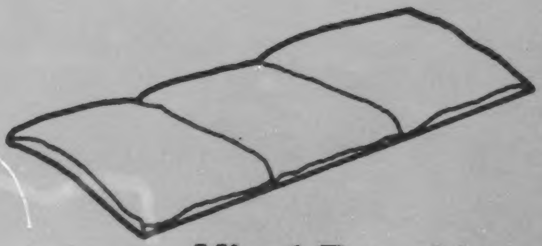
Crib



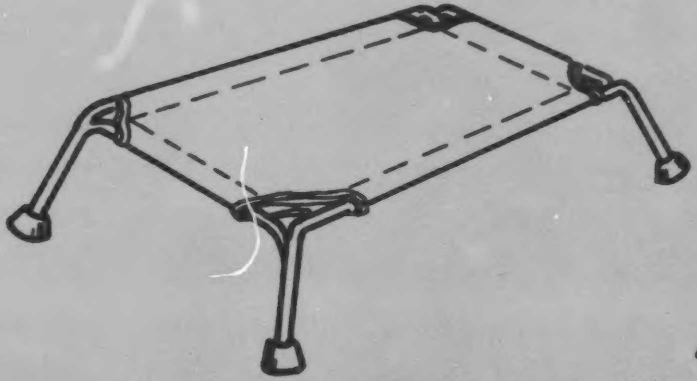
Playpen



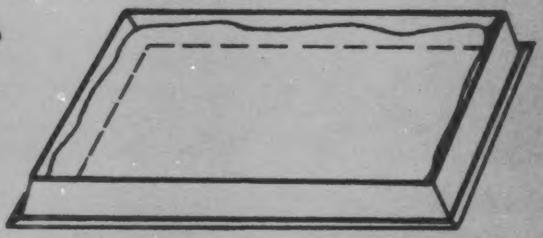
Blanket on Floor



Vinyl Rest Mat



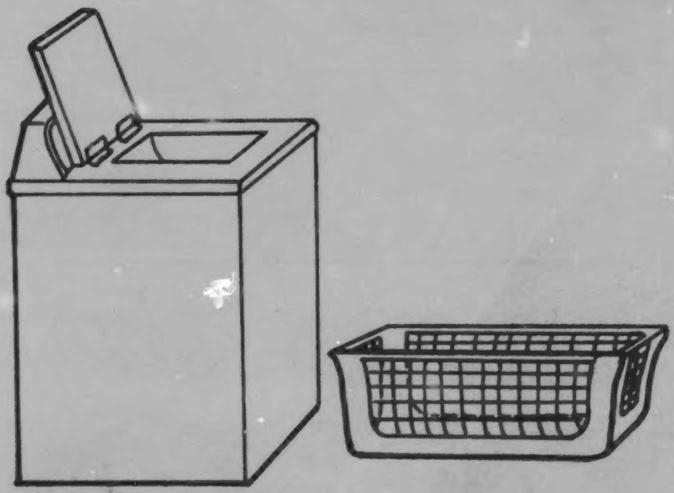
Metal Frame, Cloth-Covered Cot



Plastic Cradle Cot

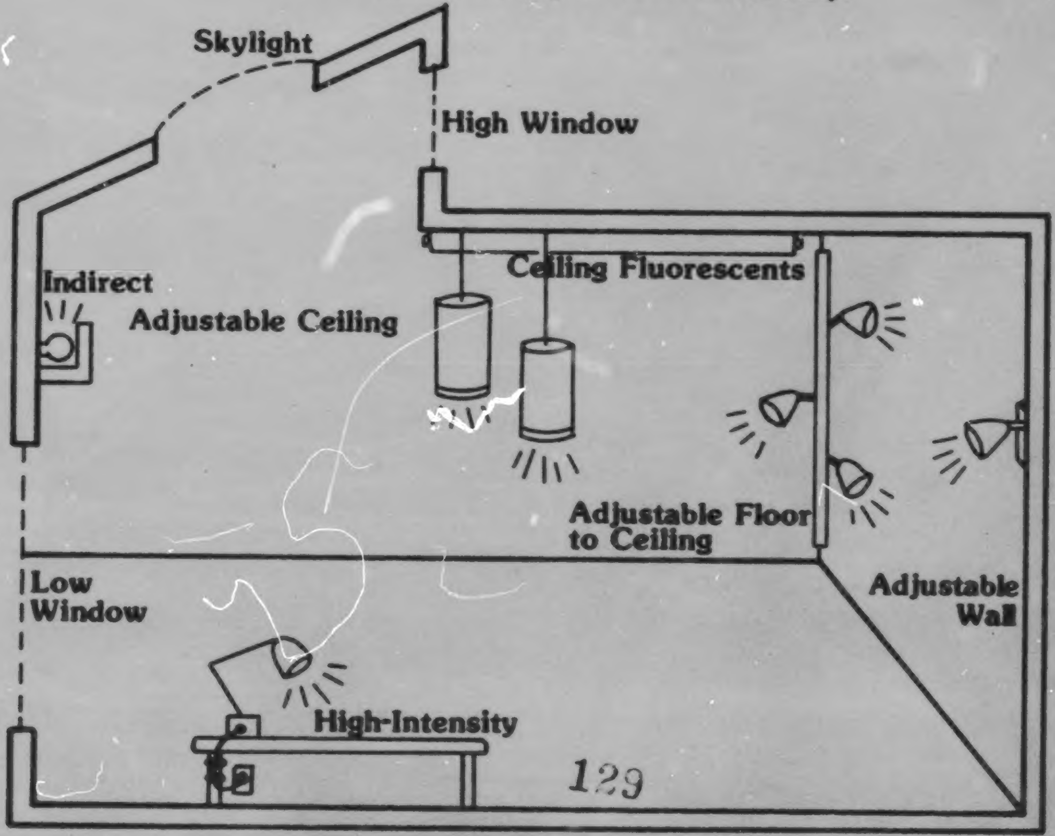
Laundry Procedures for the Child Care Center

- Launder towels, washcloths, and kitchen aprons daily.
- Launder towels, washcloths, and bed linens in hot water (120° F).
- Use a disinfectant solution in each wash load. Use ¼ cup of bleach in an 18-gallon washing machine or follow manufacturer's instructions. When illness has affected the children or staff, use a more concentrated disinfectant.
- Launder bed linens weekly or as needed for toddlers and preschoolers.
- Change and wash infants' crib sheets daily or more often if needed.
- Use the amount of laundry detergent recommended on the container.
- Promptly remove, fold, and store clean laundry.
- Keep washing machine and dryer clean and in good repair. Clean lint filters after each load.

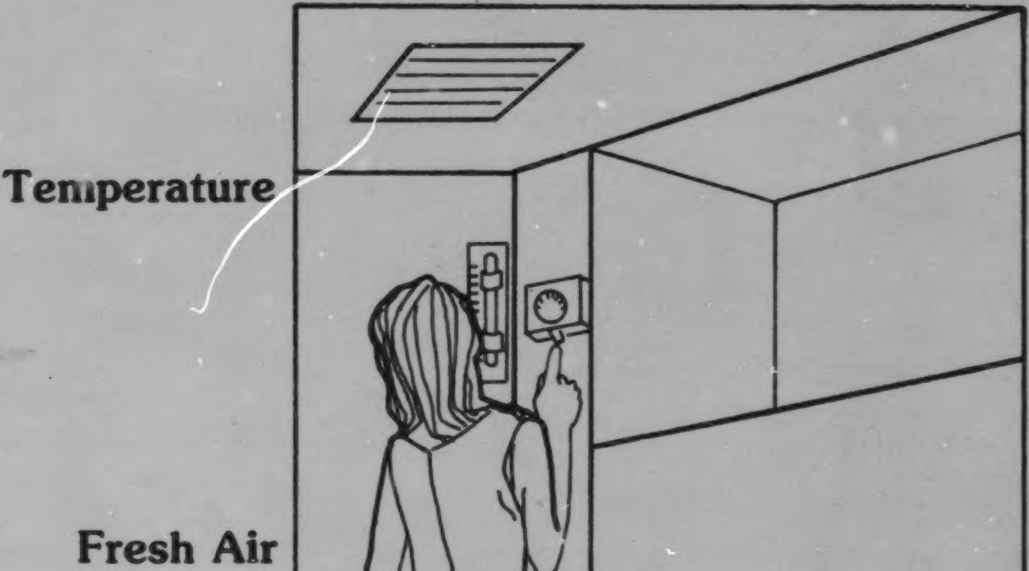


Light Sources for the Child Care Environment

- Plan for a variety of light sources to define mood and space.
- Make use of some natural sunlight.
- Balance the lighting around the room–not too bright or dark in any spot.
- Overhead lights need screens or filters. Children's viewing angles when looking up at an adult often cause them to look directly into light sources.
- Artificial lighting should equal 25 to 30 feet candlepower.
- Secure cords and electrical outlets properly to ensure safety.
- Situate the light sources so that shadows do not form on surfaces where children do close work or play.
- Place floor-to-ceiling poles in places where they will not be bumped into easily. They should be placed in corners or blocked in with bookcases.
- Be sure that high-intensity lamps used by four- and five-year-olds are turned off when not in use. Secure the cord to the table so the lamp will not be moved easily.


Skylight
High Window
Indirect
Adjustable Ceiling
Ceiling Fluorescents
Adjustable Floor to Ceiling
Adjustable Wall
Low Window
High-Intensity

A Comfortable Environment


Temperature
Fresh Air
Humidity

Daily Health Check

Before the parent leaves the child at the center, conduct an informal health check of the child. Greet the parent and child. Kneel down to the child's level and talk with the child as you conduct the check. Once the child is observed to be healthy, parent and child can proceed to their usual morning activities.

Child's Name: ______________________________ Date: __________

Caregiver: ______________________________

Observe the child and place a check mark in the appropriate box.

A. SKIN	SYMPTOM	COMMENTS
	______ itching or rash	
	______ sores	
______ healthy	______ cuts or bruises	
	______ pale	
	______ dry	
	______ moist	
	______ other	
B. HEAD		
	______ lice, ringworm	
	______ sores	
______ healthy	______ red or runny ears	
	______ pink or runny eyes	
	______ crust on eyelids or lashes	
	______ fever	
	______ swollen neck	
	______ runny nose	
	______ other	
C. MOUTH and THROAT		
	______ red or swollen throat	
	______ sores in mouth or on lips	
______ healthy	______ severe cough	
	______ noisy breathing	
	______ difficult breathing	
	______ other	

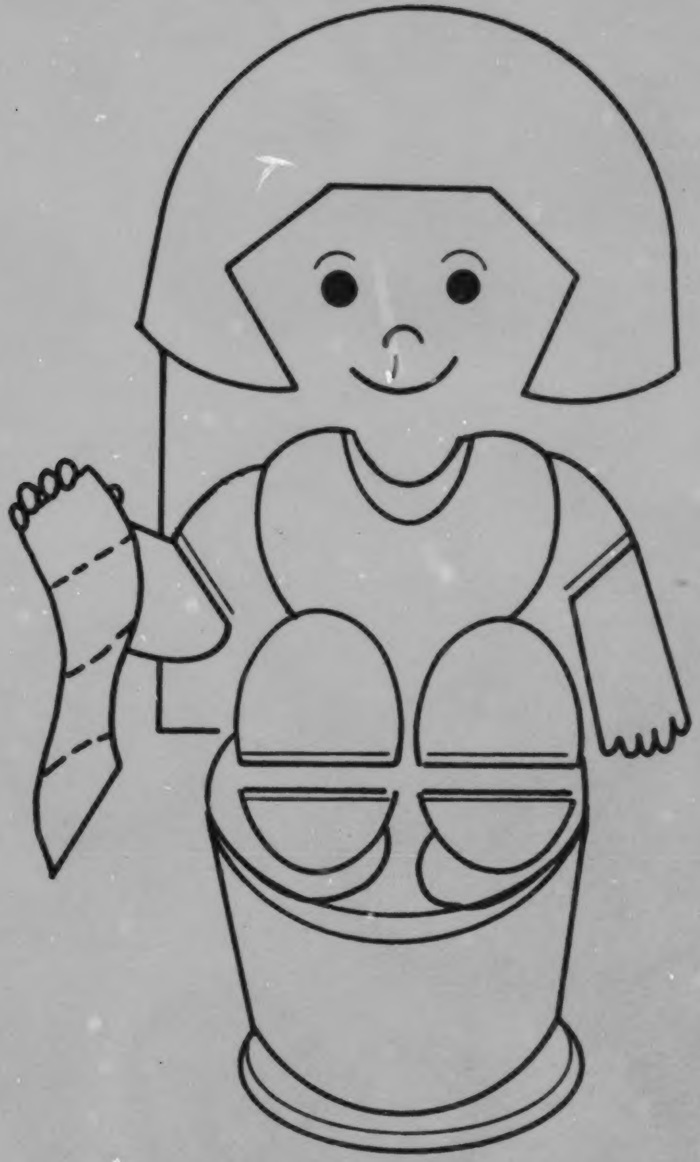
D. ARMS and LEGS

________ healthy

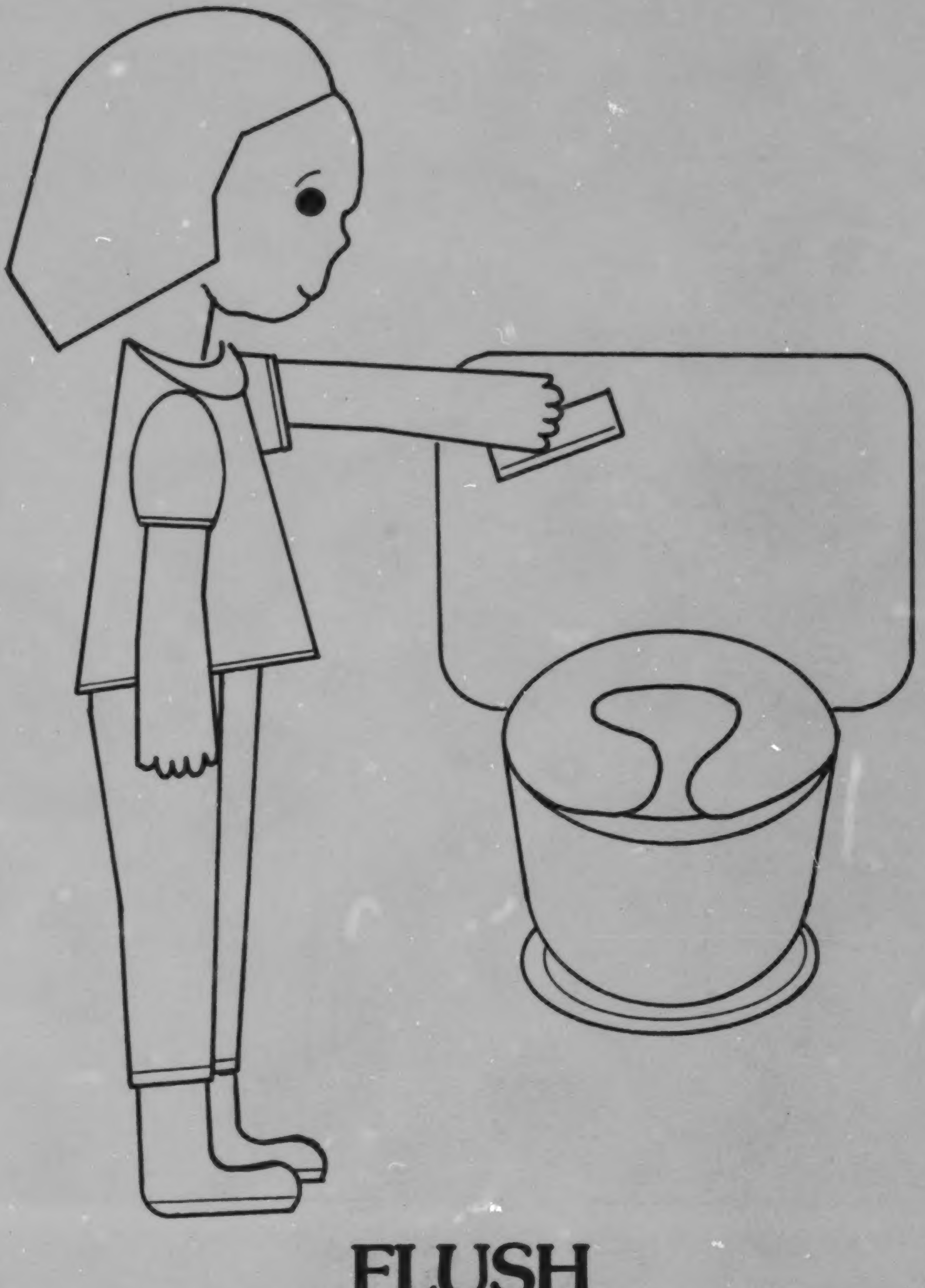
________ sores
________ infected nail
________ swelling
________ lumps or knots
________ scratches or bruises
________ other

During the day continue to observe for all of these signs of illness plus:

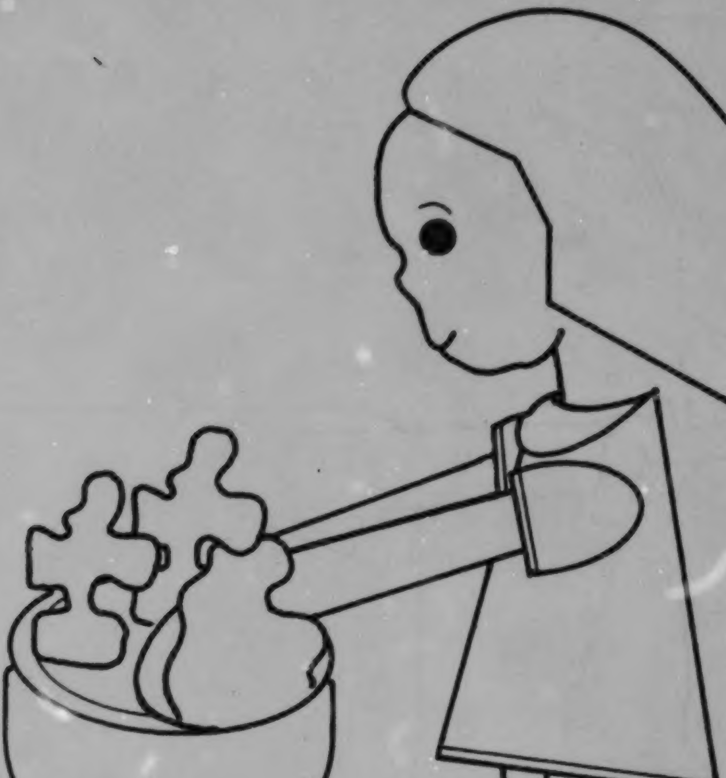
	TIME NOTED	COMMENTS
________ excessive thirst		
________ excessive appetite		
________ poor appetite		
________ vomiting		
________ diarrhea		
________ frequent or painful urination		
________ unusual urine odor		
________ blood in urine or stools		
________ scratching of genital or anal area		
________ complaints of headache		
________ complaints of stomach ache		
________ complaints of other discomfort		
________ excessive tiredness		
________ excessive irritability		
________ pulling at the ear		
________ unusual behaviors		
________ other		



WIPE



FLUSH



WASH 135

GUIDELINES ON DIAPERING

Infants and toddlers wearing diapers should have their diapers checked at least every hour when awake, before napping, eating, going outside, or departing the center. The following guidelines should be followed so that diapering is sanitary, safe, and enjoyable for the children.

STEP 1: *Preparing.* Be sure the diaper-changing area is completely stocked and in order. Check for written instructions from the parents. Place a disposable changing mat on the table. (Wax paper works well and is inexpensive.)

STEP 2: *Washing.* Wash your hands with soap and warm water. Dry on a fresh, disposable towel.

STEP 3: *Bringing.* After you discover that a child needs changing, tell the child what you are going to do. Bring the child to the diapering table. From this point on, do not turn away from the child.

STEP 4: *Changing.* Remove the soiled or wet diaper and set aside. Clean the child's bottom with individual disposable cloths. If wet cloths are used, let the child's bottom dry a few seconds. Apply ointment or powder as requested and provided by the parents. Gently shake powder on your hand first, then apply. Put on a clean diaper. Pins on cloth diapers should point out, away from the child's body. Replace any wet clothing with dry clothing.

STEP 5: *Interacting.* During the entire process, talk to the child and explain what you are doing. Talk about the child's body. Keep your voice warm and calm.

STEP 6: *Returning.* After the child has been changed, reintroduce the child to the group. Make this a smooth transition.

STEP 7: *Cleaning Up.* Return to the diaper-changing area and dispose of the soiled or wet diaper, washcloths, and changing mat. If disposable diapers are used, these can be thrown away in a container that is lined with a plastic bag and sealed with an airtight lid. BM should be disposed of in the diaper flush or toilet. Cloth diapers can be placed inside a plastic bag, tied, and returned to the child's diaper bag. (Old bread bags serve this purpose well.) Particularly odorous disposable diapers can also be placed in a small bag, tied, and thrown away. Rinse the changing table with a disinfectant.

STEP 8: *Washing.* Wash your hands once again with warm water and soap.

STEP 9: *Recording.* Use the child's daily record to record information about the diaper change.

STEP 10: *Replenishing.* Replenish items which are running low. Reorganize the area if needed.

Daily Planning

Infants

7:30	
7:30 - 8:30	ARRIVAL
	EXPLORE ENVIRONMENT Responsive Caregiver
	AS INDICATED BY INFANT *Diapering *Naps or Rest *Feeding *Individually Planned Activities
Around 9:30 - 10:00	OUTSIDE
Between 11:00 or 12:00	LUNCH
12:00	EXPLORE ENVIRONMENT
	AS INDICATED BY INFANT *Diapering *Naps or Rest *Feeding *Individually Planned Activities
Around 2:30 or 3:30	OUTSIDE
5:00 - 5:30	DEPARTURES

Toddlers

7:30	ARRIVAL
	EXPLORE ENVIRONMENT Responsive Caregiver Planned Activities
	AS INDICATED BY TODDLER *Diapering *Rest
9:30	SNACK
10:30	OUTSIDE
11:45	LUNCH
12:15	TOILETING QUIET TIME (rest or sleep)
Around 2:30 or 3:30	EXPLORE ENVIRONMENT Responsive Caregiver Planned Activities
	AS INDICATED BY TODDLER *Diapering or Toileting
3:00	SNACK
3:30 or 4:00	OUTSIDE
5:00 - 5:30	DEPARTURES

Preschoolers

7:30	ARRIVAL
	LEARNING CENTERS Free choice Some teacher directed activities
	CLEANUP Toileting Washing
9:30	SNACK
9:45	CIRCLE TIME
10:00	OUTSIDE
10:45	LEARNING CENTERS Focus on quieter centers
11:45	CLEANUP Toileting Washing
12:00	LUNCH
12:30	QUIET TIME
Around 2:30 or 3:00	LEARNING CENTERS
2:45	CLEANUP
3:00	SNACK
3:30	OUTSIDE
4:30	LEARNING CENTERS
5:00 - 5:30	DEPARTURES

Performance Objectives Illness Unit V

Prevention

- Explain how illnesses are spread.
- Describe practices for the prevention of illness.
- Summarize the recommended immunization schedule for young children.
- Assist in maintaining health care records in the child care center.

Recognition

- Name and describe the symptoms of childhood illnesses including chickenpox, German measles, infectious hepatitis, impetigo, common cold, head lice, ringworm, and urinary tract or vaginal infections.
- List the signs of possible illness.

Caregiver Responses to Children's Illness

- Summarize state and funding agency guidelines regarding the care of sick children.
- Explain caregiving procedures to observe once a child is thought to be ill.
- Administer medications according to parent's or physician's written directions and in accordance with the child care center's policies.

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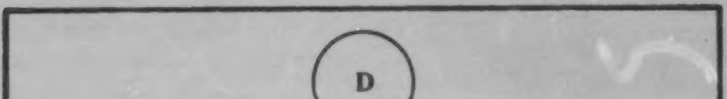
Suggested Classroom Experiences

Prevention

OBJECTIVE

Explain how illnesses are spread.

FLOW CHART: Use a flow chart to illustrate how communicable diseases are spread. [PREPARATION: Using a poster board and felt-tip marker, prepare a flow chart similar to the illustration below. The lines represent the invisible spread of the disease microorganisms. Direct physical contact, indirect contact (through objects handled by diseased person), and contact through the air (coughs and sneezes) are the three ways that disease microorganisms are spread. Not everyone who comes into contact with the disease will become ill, but they may carry the disease and continue to spread it. Key Questions: At what point can the transmission of the disease be halted? Why do some individuals not become ill? Is it possible to stop the spread of the microorganisms completely? [NOTE: See references at the beginning of the unit.]



D = Child with disease
H = Healthy child
C = Child carrying disease but not ill
___ = Direct physical contact
— = Indirect contact
••• = Contact through the air

POSTERS: Use two posters to accompany a discussion of the two types of disease-causing microorganisms. [PREPARATION: On one poster write the definition of a *virus* and list examples of diseases caused by viruses. On the other poster write the definition of *bacteria* and list examples of diseases caused by bacteria. See references at the beginning of the unit for detailed information.]

TRANSPARENCY: Show students the transparency, p. 144, on the stages that a disease goes through in the body. Key Questions: How long are the incubation periods for various diseases? How can you find out? When is the child contagious once the disease in contracted? How can you find out the time periods for various diseases? Is it possible for a child to transmit a disease and show no signs of illness? Why?

FILMS: Show films or filmstrips on the spread and control of diseases. At the end of the film ask students to write a summary. [NOTE: See references at the beginning of the unit.]

GUEST SPEAKER: Invite a representative of the city or county health department to visit with the class about the role that department plays in monitoring and controlling the spread of disease. Ask the speaker to comment on what kinds of diseases are reported and by whom. [NOTE: The speaker may also provide some useful information pamphlets.]

REPORTS: Ask interested students to review current research literature on the nature of diseases and how they are spread. [NOTE: If the college library does not carry publications on this subject, check with the city or county health department.]

LETTERS: Ask a few students to write to the Public Health Service Centers for Disease Control to obtain information about the functions of the center. They may request literature which specifically pertains to young children. When the materials come back, have those students give a report in class about the center. [NOTE: Student can write to U. S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Atlanta, Georgia, 30333.]

OBJECTIVE

Describe practices for the prevention of illness.

DISCUSSION: Review with the students the health care practices recommended in the previous unit. Key Questions: What specific practices control the spread of disease? What happens if one individual is careless in practicing good health habits? What do children learn from such a model?

ROLE PLAY: Divide the class into small groups. Give each group a health care scene to role play. For example, one scene might involve a caregiver interacting with toddlers who have colds, or a caregiver helping a group of children at the water fountain, or a caregiver guiding children as they prepare for lunch. Students who role play caregivers should demonstrate positive ways to guide children in acquiring good health habits. Let the students perform their role plays for each other.

SIMULATION: Ask pairs of students to plan a short meeting for parents of young children. Their topic will be on the importance of good hygiene for adults and young children. The meeting should be nonthreatening to the parents, but informative. In class each pair might present their meeting. Some students may arrange to do their meeting with a group of parents at the lab center or the center where they work.

OBJECTIVE

Summarize the recommended immunization schedule for young children.

LECTURE: Explain to the students the mechanics of immunizations. Define the terms *vaccine* and *antibodies*. Describe how the vaccine acts in the body to produce antibodies which can fight that disease. Key Questions: Why do children not catch the disease from the injection? Why do some children become mildly ill? [NOTE: See references at the beginning of the unit.]

TRANSPARENCY: Show the transparency, p. 145, which gives the recommended immunization schedule. Explain the reason for booster shots. [NOTE: Booster shots are given when the effects of the vaccine begin to diminish. A booster will help the body build up its supply of antibodies.]

REFERENCE CARD: Ask students to prepare a reference card for their files on the immunization schedule. Let them copy the information from the transparency, p. 145. By writing down the schedule, they will more likely remember it.

DISCUSSION: Discuss Lab Experience 42 in which students observed children receiving immunizations at the health clinic. Ask students to discuss their feelings.

REPORTS: Ask interested students to research the history of vaccines. Their report should include a description of the work of Edward Jenner, and the diseases for which the incidence has been nearly eliminated due to immunizations. Students can give their reports to the class.

OBJECTIVE

Assist in maintaining health care records in the child care center.

DISPLAY: Collect and display health care forms used by child care centers. Students can study the different forms, looking for similarities and differences. Key Questions: What do the forms have in common? Why are such records important? Who should have access to health records at the child care center?

DISCUSSION: Discuss Lab Experience 40 in which students examined health record forms and system at their lab schools.

HANDOUT: Duplicate copies of a health history or enrollment form from a child care center. Ask the students to fill out the form on one of their own children, the child of a relative, or a child they know well at the child care center. Ask students to justify the reasons for the questions on the form. Key Questions: What kinds of health information might a parent be reluctant to share? Why?

Recognition

OBJECTIVES

Name and describe the symptoms of childhood illnesses, including chickenpox, German measles, infectious hepatitis, impetigo, common cold, head lice, ringworm, and urinary tract or vaginal infections.

List the signs of possible illness.

CHARTS: Provide each student with a communicable disease chart. Ask students to study the chart. [NOTE: These charts can be obtained from the child care licensing office, or the city or county health department.]

TRANSPARENCY: Show the transparency, p. 146, which lists signs of illness. Discuss each sign with the students. Key Question: Of what illness might each sign be a symptom?

GAME: Provide a matching game for the students to practice identifying the symptoms of common childhood diseases. [PREPARATION: On a set of poster board cards, write down the common childhood communicable diseases. For example, chicken pox, common cold, impetigo, influenza, measles, etc. Using another set of cards, write down all the symptoms for the diseases you listed. For example, one card reads "nausea," another reads, "tiny blisters," etc. Many diseases have shared symptoms.] On a table place the name of a disease. Invite a student to select the symptom cards which go along with that disease. Students can check their charts for accuracy. Another way to play the game would be to lay down a set of symptom cards and ask students to select the name of the disease.

DEMONSTRATION: Demonstrate, or invite a health nurse to demonstrate, how to check for head lice. Have students discuss their feelings about this task. Key Questions: Why is it important to treat this check matter-of-factly? What is done if lice are found? How are parents informed if their child has been exposed to head lice?

REPORTS: Assign students to research the signs and causes of other common health problems in young children which may not be listed on the communicable disease chart; for example, urinary tract infections, vaginal infections, and ringworms. When students report to the class, have everyone make some reference cards for future use.

GUEST SPEAKER: Invite a health care professional to visit the class and discuss the recent outbreaks of infectious hepatitis in child care centers. Ask the speaker to describe some actual cases. Find out what prevention measures should be taken. [NOTE: For information on this topic contact the Bureau of Communicable Diseases Services, 1100 W. 49th Street, Austin, Texas 78756, and ask for appropriate issues of the *Texas Morbidity This Week*.]

Caregiver Responses to Children's Illness

OBJECTIVES

Summarize state and funding agency guidelines regarding the care of sick children.

Explain caregiving procedures to observe once a child is thought to be ill.

TRANSPARENCY: Show the transparency, p. 147, which summarizes the procedures to follow when a child is ill. Ask students to identify those procedures which are also required in the state standards.

ROLE PLAY: Ask several pairs of students to role play a sick child and caregiver. Give each "child" a set of different symptoms to act out. The caregiver interacts in the appropriate manner until the parent arrives. The observing students, using the "Illness Report" form, p. 148, write down what the caregiver in the scene would note for the parents and the health folder. [NOTE: You may need to provide a few props to set up an isolation area.]

HANDOUT: Give students the handout, p. 149, on how to reduce fever. Review the physiological purpose of fever and what can happen to the body if fever is prolonged or too high. Also discuss seizures which may occur in some children as a result of high fever. [NOTE: See references at the beginning of the unit.]

DISCUSSION: Discuss Lab Experience 43 in which students practiced taking a child's temperature. Review with students the reason why the axillary, or underarm, method is recommended for child caregivers. [NOTE: An information sheet on the axillary method is found in the student lab manual.]

DEMONSTRATION: Show students how to use other methods of checking temperature without a thermometer. For example, some types of disposable thermometers are currently in use in hospitals. There are also heat-sensitive temperature strips which are placed on the forehead. Discuss the advantages and disadvantages of these methods.

OBJECTIVE

Administer medications according to parent's or physician's written directions and in accordance with the child care center's policies.

SURVEY: Ask several students to contact some of the child care centers in your community. They are to find out the center's policies on giving medication. Key Questions: Who gives medications? Who should? Where are the medications kept? What kind of form is used to record the times when medication is given? What happens to outdated medicine at the center? In class ask the students to give their reports.

DEMONSTRATION: Demonstrate for the class how to administer various types of medications. Use a large doll as a prop. [NOTE: When administering liquid medication, use a large plastic syringe made for this purpose. The liquid is squirted into the child's cheek, not down the throat. Older children may take liquid medicine from an Ezy-dose spoon which measures the liquid and serves as a spoon. Ear drops can be warmed slightly in warm water before being given. The child should lie still for a few seconds after the drops are given. Squeeze a few drops into a tissue to determine how fast they will come out so you can give the child the correct number of drops. Eye drops or eye salves are difficult to administer and may require two caregivers. One can hold the child while the other administers the medicine. Drops can be put into the lower eyelid that is opened gently. Do not let the dropper touch the eyeball. Eye salves are administered by placing the prescribed amount on the tip of a finger (without a long nail) and deposited gently at the outer corner of the eyelids; or apply salve to the lower eyelashes. The salve will work itself into the eye.]

Illness Unit Test

DIRECTIONS

For Items 1-17, select the letter of the phrase which completes the statement correctly. Place the letter in the blank next to the statement. Choose only one answer for each item.

1. ______ The most common way that diseases are spread is through the
   A. respiratory system.
   B. intestinal system.
   C. circulatory system.
   D. nervous system.

2. ______ Some children who come into contact with a disease may not become ill. This is because
   A. the child is older than the child with the disease.
   B. not enough microorganisms get onto the child.
   C. the child takes a bath each day.
   D. the child has built up an immunity.

3. ______ A *virus* is
   A. a type of fungus which attacks the body.
   B. a microorganism that causes illness.
   C. an agent in the body which fights diseases.
   D. produced in the body after a booster shot.

4. ______ An infectious disease caused by a virus is
   A. tetanus.
   B. poliomyelitis.
   C. pertussis.
   D. scarlet fever.

5. ______ An infectious disease caused by a bacteria is
   A. pinkeye.
   B. measles.
   C. mumps.
   D. hepatitis.

6. ______ The child begins to recover from an illness during the
   A. incubation period.
   B. convalescent period.
   C. prodromal period.
   D. acute period.

7. ________ A child is usually contagious by the end of the
A. incubation period.
B. convalescent period.
C. prodromal period.
D. acute period.

8. ________ The immunization which requires a booster shot between ages four and six is
A. measles.
B. mumps.
C. DTP.
D. rubella.

9. ________ An infant usually begins immunizations at
A. one month.
B. two months.
C. six months.
D. 12 months.

10. ________ The occurrence of which disease has nearly been eliminated in the United States because of immunizations?
A. Chicken pox.
B. German measles.
C. Influenza.
D. Smallpox.

11. ________ A caregiver notices a child with these signs of illness: tiny blisters on the head and shoulders and a slight fever. This child might have
A. chicken pox.
B. German measles.
C. influenza.
D. smallpox.

12. ________ The incubation period for the common cold is usually
A. 24 hours.
B. 48 hours.
C. three to five days.
D. two to three weeks.

13. ________ When a caregiver decides that a child has signs that indicate illness, the first step is to
A. call the parent.
B. call a physician.
C. give the child some cool, clear liquids.
D. remove the child from the group.

14. ________ A serious illness which has affected child care centers and is probably spread through unsanitary toileting practices is
A. smallpox.
B. diphtheria.
C. hepatitis.
D. rubella.

15. ______ If a child has a fever of 102° F, the caregiver would
A. give the child a cool drink of a clear liquid.
B. sponge the child with rubbing alcohol.
C. cover the child with a heavy blanket to prevent chills.
D. remove all the child's clothing.

16. ______ The preferred method for caregivers when taking a child's temperature is called the
A. oral method.
B. axillary method.
C. rectal method.
D. anal method.

17. ______ While a child is isolated from the group of children due to illness, the caregiver would *not*
A. help the child remain calm.
B. encourage the child to eat a little snack.
C. see that someone stayed with the child.
D. casually clean up any accident.

DIRECTIONS

For Items 18-20, write a short essay.

18. List the various health care forms used by a child care center, and describe the purpose of each.

19. Explain how disease-causing microorganisms are spread from one person to another.

20. What should a caregiver do if a child's temperature rises to 103° F or above. Why would these steps need to be taken?

Transparency and Handout Masters

PAGE TITLE
144 Developmental Stages of Disease
145 Preventing Childhood Diseases
146 Signs and Symptoms of Illness
147 When a Child Becomes Ill at the Child Care Center
148 Illness Report
149 Caregiver Responses to Fever

Developmental Stages of Disease

Incubation Period	Microorganisms established in body and reproduced. Time period varies depending on the disease. Child may be contagious toward the end of this period.
Prodomal Period	Symptoms begin to appear. The body begins to fight the disease.
Acute Period	Symptoms are obvious. The child is ill. Symptoms vary, and not all symptoms are present in every case. Antibodies are produced to fight the disease.
Convalescent Period	The child begins to recover. Symptoms diminish. Child regains strength.

Preventing Childhood Disease

AGE	IMMUNIZATION	BOOSTER
2 months	1) DTP (diphtheria, tetanus and pertussis)	
	2) OPV (oral poliomyelitis vaccine)	
4 months	1) DTP (second dose in the series)	
	2) OPV (second dose in the series)	
6 months	1) DTP (third dose in the series)	
	2) OPV (third dose in the series)	
15 months	1) Measles	none
	2) Mumps	none
	3) Rubella (German measles)	none
18 months	1) DTP (fourth dose in the series)	1) DTP (age 4-6)
	2) OPV (fourth dose in the series)	2) OPV (age 4-6)

Signs and Symptoms of Illness

GENERAL BEHAVIOR	Unusually quiet, irritable, drowsy, or restless
APPETITE	Little desire for food
FEVER	Axillary temperature of 100° F or above
VOMITING	All or part of food vomited
EYES	Red, irritated, sensitive to light
COLOR	Flushed or pale
SKIN	Dry and hot, or unusual perspiration
BREATHING	Labored, sneezing, coughing, hoarseness
BOWEL MOVEMENTS	Change in color, consistency, odor, or number of stools
PAIN	Screaming, head-rolling, ear-rubbing

When a Child Becomes Ill at the Child Care Center

- Remove the child from the group.

- A caregiver should stay with the child in the isolation area.

- Notify the center director.

- Call the parents to come for the child.

- In the event of serious illness, call a physician, or take the child to the hospital if parents have given permission.

- Help the child remain calm and secure.

- Respond to symptoms as need arises.

- Make a record of symptoms observed and any actions taken. Give this information to the parent.

Illness Report

Name of Child: ______________________ Date: ____________

Caregiver Completing Form: ______________________

1. Description of signs of illness. Include times of observations.

2. Was the child removed from the group?

   If so, when?

3. Actions taken in response to the illness. Include times.

4. Were the parents contacted?

   If so, who and when?

   What time did the parent arrive?

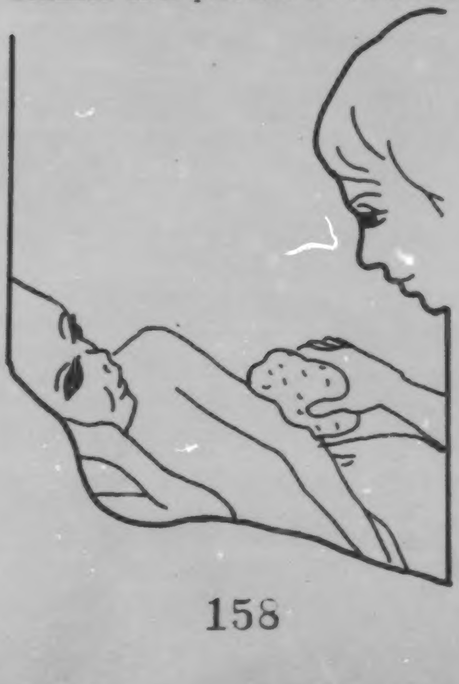
5. Follow-up: Did the child see a physician? Was a contagious disease diagnosed? Were medications prescribed?

Caregiver Responses to Fever

Fever is a sign that the body is fighting an infection. Certain actions can be taken by caregivers before the parent arrives to take the child home.

1. Remove the child's warmer clothing.
2. Let the child lie in a quiet, cool place.
3. The child may be covered with a sheet.
4. Provide cool, clear liquids. Let the child sip as much as desired. Ice chips are also good for the child to munch.
5. Give the child aspirin if parents have given permission. Use baby aspirin according to the directions. Be sure to tell parents when the aspirin was given.
6. If the child's temperature rises to 103° or above, the child must be cooled down immediately.
    - A. Remove all the child's clothing except underpants.
    - B. Sponge the child with lukewarm water, keeping the skin wet. Sponge especially the face, neck, underarms, inside of arms and legs. (Do not use rubbing alcohol.)
    - C. If temperature is still high, turn a fan on near the child.

Continue these procedures until the temperature comes down.



Terms and Definitions

Glossary of Terms

abrasion
An injury caused by scraping the skin on a rough surface.

abuse
Physical or emotional damage, often resulting from extreme, misdirected attempts to discipline, or from neglect.

age-appropriate
Suited to a person's age or preferably to a person's developmental level.

allergic reaction
A condition caused by an allergy, or sensitivity, to a substance. Food allergies cause reactions such as nausea, constipation, skin or mouth irritations, or breathing difficulties.

anemia
See *iron-deficiency anemia.*

antibodies
Disease-fighting substances.

ascorbic acid
Another name for vitamin C.

axillary method
A method of checking for fever in which a thermometer is placed between the arm and the body at the armpit.

booster shot
A vaccination given at a set interval, following the first immunization, to maintain protection against certain diseases.

botulism
A rare and extremely dangerous food poisoning which occurs mainly in canned foods.

calorie
A measurement of the amount of energy available in a food. See also *kilocalorie.*

carbohydrate
A nutrient used to meet the body's energy needs. Starches and sugars are carbohydrates.

clostridium perfringens
A disease-causing microorganism found in food. Foods insufficiently heated, or allowed to cool or thaw at room temperatures, are more likely to cause illness from this microorganism.

contaminate
To infect by contact.

convalescent
The period of recovery from an illness during which the signs of illness diminish.

cycle menu
A menu planned and used in cycles, repeated at set intervals.

Daily Food Guide
A guide developed by the U. S. Department of Agriculture as a basis for planning nutritious meals and snacks. The guide states the number and size of servings recommended from four of the five basic food groups.

deficiency
Having too little of an essential nutrient to maintain health.

dental caries
Tooth decay-causing cavities.

development
An increase in ability.

diabetes
A disease in which the body cannot control its blood sugar levels.

dietary restrictions
Foods not included in the diet due to physical causes or family values. Some diseases or illnesses make dietary restrictions necessary, such as galactosemia, which causes an intolerance to milk.

empty calories
Foods containing calories but no or few nutrients.

family- style meals
Informal food service in which children serve themselves from individual bowls and platters placed on the table.

fat cells
Body cells used to store energy not used immediately.

fats
Energy nutrients which also help the body store excess nutrients.

first aid
Emergency care for sudden illness or injury. First aid is given until medical care is available.

galactosemia
A disorder requiring a strict diet which includes no milk. Galactosemia may cause mental retardation, cataracts, jaundice, poor appetite, and failure to thrive.

growth
An increase in size.

hazards
Conditions which are likely to cause accidents.

hygiene
Practices or conditions which promote health.

immunity
The state of being protected from a disease. Immunizations develop immunity to diseases, such as measles.

immunizations
Injections or vaccinations of less harmful forms of virus or bacteria to develop resistance to certain illnesses.

incubation
The first stage of an illness during which the disease-causing microorganism multiplies. There may be no obvious signs of illness during this period.

infectious
Capable of spreading disease.

iron-deficiency anemia
A condition in which the body lacks enough iron. It is characterized by paleness, fatigue, and lack of appetite.

kilocalorie
Amount of energy needed to raise the temperature of one kilogram of water one degree Celsius. *Calorie* is the common term for *kilocalorie*.

lacto-vegetarian diet
A vegetarian diet in which the only source of protein is milk and other dairy products.

lacto-ovo-vegetarian diet
A vegetarian diet, including protein from milk, other dairy products, and eggs.

legumes
A food category including peas and beans. Legumes are a source of incomplete protein.

menus
Written plans for foods to be served for meals or snacks.

microorganism
A small or microscopic living thing.

minerals
Nutrients which help to regulate the body's processes. The minerals calcium and phosphorus are important in bone growth and hardening.

nontoxic
The quality of being nonpoisonous.

nutrients
Substances found in food needed for the body's functions.

nutrition
The use of food by the body.

obesity
The condition of being extremely overweight.

permanent teeth
The second set of teeth, usually lasting until old age or death.

phenylketonuria (PKU)
An inherited disorder in which the body cannot digest certain foods, including milk.

primary teeth
The first and temporary set of teeth.

proteins
Nutrients found in complete form in meats, milk, and dairy products; and found in incomplete form in peas, beans, and nuts. Proteins' main purposes are to repair damaged tissue, and to make new tissue for growth. Proteins can also be used for energy.

pureed
Food which has been blended to a thick liquid-like texture. Pureed foods are easier to digest than solid foods.

Recommended Daily Allowance (RDA)
The daily amount of a nutrient recommended for health. RDAs depend on a person's age and sex.

respiratory system
The breathing system, including the nose, mouth, and lungs.

salmonella

A common bacteria which can contaminate eggs and poultry. If not thoroughly cooked and properly refrigerated, these foods can become infected and cause food poisoning.

sanitation

Practices which prevent the development or spread of disease.

staphylococcus

A common bacteria spread during food preparation when a food handler touches equipment or food while she or he has an infected wound. Food poisoning results when these bacteria come in contact with food which is not heated enough to kill them.

symptom

An indication or sign of an illness.

toxic

Poisonous.

vaccine

A preparation of substances which is given to produce immunity to specific diseases.

vegan-vegetarian diet

A vegetarian diet composed only of plant foods.

vegetarian diet

A diet composed mainly of plant foods. Some vegetarian diets include milk and dairy products and eggs. (See *lacto-vegetarian, vegan-vegetarian, and lacto-ovo-vegetarian diets.*)

ventilation

A system of circulating fresh air throughout a room.

vitamins

Nutrients which are chemicals in foods, needed by the body in small, specific amounts. Vitamins prevent diseases, and help other nutrients function.

vitamin A

A fat-soluble vitamin found in yellow and leafy, green vegetables. This vitamin promotes healthy skin and vision, and normal growth.

vitamin B complex

A group of related water-soluble vitamins. These vitamins are important in the breakdown of carbohydrates, fats, and proteins during digestion. Enriched, whole-grain breads and cereals are rich sources of these vitamins.

vitamin C

Also known as ascorbic acid. This vitamin helps the body use some minerals. It is also involved in the healing process because it helps form new body tissue. Vitamin C is found in citrus fruits such as oranges and grapefruits.

vitamin D

A fat-soluble vitamin helpful in the body's use of minerals needed for bone and tooth development. It is formed in the skin when sunlight is absorbed through the skin. Vitamin D-fortified milk is the main source of this nutrient in most people's diets.

zone supervision

Supervision of children's play so that caregivers are spread out and in charge of certain areas or zones in the room or outdoors.

Glossary of Terms Test

DIRECTIONS

For Items 1-20, select the letter of the phrase which completes the statement correctly. Place the letter in the blank next to the statement. Choose only one answer for each item.

1. ______ Three-year-old Roberto falls on the sidewalk on his way into the center one morning. Another name for his scraped knee is
   A. an abrasion.
   B. an axillary.
   C. a contusion.
   D. a laceration.

2. ______ A lacto-vegetarian diet includes
   A. no meats except pork.
   B. only plant foods.
   C. milk and other dairy products.
   D. no meats except fish.

3. ______ A microorganism is a
   A. very large bacteria.
   B. very small living thing.
   C. very large living thing.
   D. disease-carrying living thing.

4. ______ The purpose of immunizations is to
   A. increase the appetite by increasing the red blood cells.
   B. improve hygiene.
   C. prevent colds.
   D. develop protection against certain diseases.

5. ______ Legumes are a food category which
   A. is a good source of complete protein.
   B. includes beans and peas.
   C. includes pecans and walnuts.
   D. is a good source of vitamin A.

6. ______ Two important minerals in bone growth and hardening are
   A. calcium and zinc.
   B. phosphorus and calcium.
   C. salt and phosphorus.
   D. zinc and salt.

7. ______ A nontoxic paint is one which is
A. poisonous.
B. hypoallergenic.
C. not poisonous.
D. not likely to peel.

8. ______ The respiratory system includes the
A. lungs, mouth, and nose.
B. ears and nose.
C. eyes, ears, nose, and mouth.
D. esophagus, stomach, and intestines.

9. ______ A kilocalorie is
A. helpful in weight loss.
B. another name for a Calorie.
C. one gram less than a Calorie.
D. one gram more than a Calorie.

10. ______ A nutrient found in yellow and leafy, green vegetables is
A. vitamin A.
B. vitamin B.
C. vitamin C.
D. vitamin D.

11. ______ A nutrient which helps form new body tissue is
A. vitamin A.
B. vitamin B.
C. vitamin C.
D. vitamin D.

12. ______ The group of nutrients used to meet the body's energy needs are
A. carbohydrates.
B. minerals.
C. vitamins.
D. calories.

13. ______ The vitamin which is needed for bone and tooth development is
A. vitamin A.
B. vitamin B.
C. vitamin C.
D. vitamin D.

14. ______ Vitamin C is also known as
A. riboflavin.
B. the sunshine vitamin.
C. ascorbic acid.
D. thiamine.

15. ______ Antibodies are
A. microscopic bacteria.
B. disease-fighting substances.
C. the cause of most types of food poisoning.
D. used to preserve canned foods safely.

16. _______ The period of recovery during which the signs of illness diminish is known as
A. immunity.
B. contamination.
C. revitalization.
D. convalescence.

17. _______ Eggs and poultry which have not been thoroughly cooked can cause food poisoning because of the bacteria know as
A. salmonella.
B. staphylococcus.
C. toxic perfringens.
D. clostridium perfringens.

18. _______ An extremely dangerous food poisoning which occurs in canned foods is
A. phenylketonuria.
B. clostridium.
C. infectious staph.
D. botulism.

19. _______ Galactosemia is a disorder requiring a strictly controlled diet which does not include
A. milk.
B. sugar.
C. eggs.
D. carbohydrates.

20. _______ Obesity is the result of
A. becoming overheated.
B. consuming more calories than the body uses. uses.
C. an allergic reaction.
D. iron-deficiency anemia.

Answer Keys

NUTRITION PUZZLE (UNIT I)

Across

1. Garnish
3. Sandwich
4. Diet
5. Boil
6. Enriched
9. Beverages
10. Nutrition
11. Cheese
12. Riboflavin
15. Snack
16. Protein
18. Energy
20. Carbohydrate
22. Calories
27. Niacin
28. Deficiency
29. Thiamine
30. Sugar
32. Habit
35. Yolk
36. Staple
37. Taste

Below

1. Glucose
2. Vitamin
7. Carbohydrate
8. Water
9. Breakfast
10. Nutrients
11. Carrots
13. Fats
14. Minerals
17. Phosphorus
19. Grain
21. Repair
23. Iron
24. Energy
25. Variety
26. Fish
31. Roast
33. Brine
34. Tuna

HIGH OR LOW: FOOD SOURCES OF PROTEIN (UNIT I)

1. C
2. N
3. I
4. J
5. H
6. M
7. D
8. K
9. E
10. B
11. F
12. G
13. I
14. A

PROPER STORAGE TIME (UNIT II)

1. 3
2. 21
3. 1
4. 5
5. 7
6. 14
7. 2
8. 35

UNIT I TEST	UNIT II TEST	UNIT III TEST
1. B	1. B	1. C
2. A	2. D	2. A
3. C	3. B	3. D
4. B	4. C	4. C
5. C	5. B	5. C
6. D	6. C	6. B
7. C	7. B	7. A
8. D	8. D	8. B
9. C	9. A	9. C
10. B	10. D	10. A
11. A	11. B	11. B
12. A	12. C	12. D
13. C	13. A	13. D
14. B	14. B	14. C
15. B	15. C	15. A
16. C	16. A	16. C
17. C	17. D	17. C
18. D	18. B	18. B
19. B	19. D	19. D
20. A	20. A	20. A
21. C	21. D	21. C
22. B	22. C	22. D

UNIT IV TEST	UNIT V TEST	GLOSSARY TEST
1. B	1. A	1. A
2. D	2. D	2. C
3. B	3. B	3. B
4. A	4. B	4. D
5. A	5. A	5. B
6. B	6. B	6. B
7. D	7. A	7. C
8. C	8. C	8. A
9. C	9. B	9. B
10. C	10. D	10. A
11. A	11. A	11. C
12. D	12. A	12. A
13. B	13. D	13. D
14. B	14. C	14. C
15. B	15. A	15. B
16. D	16. B	16. D
17. C	17. B	17. A
18. A		18. D
19. B		19. A
20. B		20. B
21. A		
22. C		

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KEY

pb	=	paperback
hb	=	hardback
GL	=	reading grade level
SBF	=	sex bias free text and illustrations
SB	=	evidence of sex bias in text or illustrations

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